



**2015  
CARL MOYER MEMORIAL  
AIR QUALITY STANDARDS ATTAINMENT PROGRAM  
PROGRAM ANNOUNCEMENT  
“Year 17”**

**SCAQMD PROGRAM ANNOUNCEMENT  
#PA2015-07**

The South Coast Air Quality Management District (SCAQMD) is seeking project applications for the following purpose according to terms and conditions attached. In the preparation of this Program Announcement (PA) the words “Proposer,” “Applicant,” “Contractor,” and “Consultant” are used interchangeably.

**SECTION I – OVERVIEW**

**PURPOSE**

The SCAQMD is seeking applications for the 2015 Carl Moyer Memorial Air Quality Standards Attainment Program (CMP), referred to as “Year 17”.

**Funding for this PA will be approximately \$23 million, from the CMP Fund.**

The purpose of the CMP is to achieve near-term emission reductions of Nitrogen Oxides (NO<sub>x</sub>), Particulate Matter (PM<sub>10</sub>) and Reactive Organic Gases (ROG) from heavy- and medium-duty vehicles and equipment operating in California as early and as cost-effectively as possible. The CMP provides financial incentives to assist in the purchase of low-emission heavy- and medium-duty engine technologies to achieve emission reductions that are real, surplus and quantifiable.

This Program Announcement (PA) was prepared based on the Approved Revision of the Carl Moyer Program (CMP) Guidelines dated July 11, 2014, which is available online at:  
<http://www.arb.ca.gov/msprog/moyer/guidelines/current.htm>.

All applications will be evaluated based on criteria set forth in this PA, the CMP Guidelines, and all subsequent updates and modifications/advisories; up to date CMP information may be obtained at Carl Moyer Program Web page at <http://www.arb.ca.gov/msprog/moyer/moyer.htm>.

**INTRODUCTION**

CMP funding is provided via two legislative bills, SB 1107 and AB 923. SB 1107 provides approximately \$61 million a year in statewide funding, and AB 923 permits air districts in designated non-attainment areas to collect an additional two dollars in vehicle registration fees to expend on programs to reduce emissions from vehicular sources and off-road equipment. A resolution approving such fees was adopted by the SCAQMD Board on December 3, 2004.

## FUNDING CATEGORIES

The specific project categories identified for funding under the SCAQMD's 2015 CMP solicitation are:

### On-Road Heavy-Duty Vehicles

- On-Road Heavy-Duty Vehicle projects must generate surplus emission reductions. Therefore, all vehicles subject to California Air Resources Board's (CARB's) Fleet Rules, including but not limited to the Statewide Truck & Bus Regulation, Solid Waste Collection Vehicle Rule, Public Agencies & Utilities Fleet Rule and Drayage Truck Regulation, significantly reduce if not eliminate funding opportunities. **The remaining funding opportunities apply exclusively to emergency vehicles and to fleets of three (3) or fewer vehicles.** Eligible Emergency Vehicle projects are those in which a new or used replacement vehicle with an engine meeting the current model year California emission standard replaces an older, more polluting fire apparatus.
- A larger fleet (four or more vehicles) may be eligible for a small percentage of funding if the fleet is currently in compliance with the applicable CARB Fleet Regulation. The percentage of funding will be determined by the amount of surplus emission reductions that are generated a minimum of one year prior to regulatory requirements.

### Off-Road Heavy-Duty Equipment/Engines

- Off-Road Heavy-Duty Equipment/Engines, including but not limited to construction equipment, marine engines, shore power, locomotives, agricultural tractors, zero-emission rubber-tired gantry (RTG) crane and other cargo handling equipment.

Refer to CARB's fleet rule websites that provide detailed information on compliance with these regulations. These are listed below in Section VI.

## GENERAL PROGRAM INFORMATION

All project awards shall not exceed the maximum cost-effectiveness limit of \$17,720 per ton of weighted emissions reduced unless revised by CARB prior to SCAQMD awards. All projects must meet the criteria stated in this PA, Appendix A and the CMP Guidelines. Cost-effectiveness is based on NO<sub>x</sub>, ROG and PM reductions. Project cost-effectiveness is calculated according to the following formula:

$$\frac{\text{Annualized Cost (\$/year)}}{[\text{NO}_x \text{ reduction} + 20(\text{combustion PM}_{10} \text{ reduction}) + \text{ROG reduction}] \text{ (tons/year)}}$$

All projects must be operational within eighteen (18) months of contract execution or by May 19, 2017, whichever is earlier. Some projects may have earlier in-service operation date requirements, if they are subject to CARB regulations.

It is the applicant's responsibility to ensure that the most current information and requirements are reflected in a submitted application. Applicants should check the CARB website for updates and advisories to the guidelines ([www.arb.ca.gov/msprog/moyer/moyer.htm](http://www.arb.ca.gov/msprog/moyer/moyer.htm)).

In cases of conflict between CARB guidelines and SCAQMD criteria, the more stringent criteria will prevail. SCAQMD will post any new information and requirements on its CMP Web page at [www.aqmd.gov/Moyer](http://www.aqmd.gov/Moyer).

Projects subject to CARB regulations must submit a copy of the most recent CARB compliance report(s) or other documentation that provides SCAQMD with clear understanding of the applicant's fleet rule compliance status.

**All emission reductions resulting from funded projects will be retired by the SCAQMD.** To avoid double counting of emission reductions, project vehicles and/or equipment may not receive funding from any other government grant program that is designed to reduce mobile source emissions. These programs include, but are not limited to:

- Proposition 1B Bond program
- All Mobile Source Air Pollution Reduction Review Committee (MSRC) Programs
- All CARB Emission Reduction Credit Programs
- State of California School Bus Program
- SCAQMD Lower-Emissions School Bus Replacement Program
- SCAQMD Rule 2202 Air Quality Investment Program
- SCAQMD RECLAIM Air Quality Investment Program for NO<sub>x</sub>
- Emission credit programs encompassed in the SCAQMD Rule 1600-series and 1309.1
- AB118 funding program

## **ELIGIBILITY INFORMATION**

Emission reductions obtained through Carl Moyer Program projects must not be required by any federal, state or local regulation, memorandum of agreement/understanding, settlement agreement, mitigation requirement or other legal mandate.

Engines operating under a regulatory compliance extension granted by CARB, an air district or the United States Environmental Protection Agency (U.S. EPA) are not eligible for funding.

A grant recipient subject to an in-use regulation may be eligible to receive CMP funding if the applicant has met all compliance requirements of applicable regulations. Documentation of regulatory compliance must be provided by applicants to air districts at the time of application.

Key program requirements for on- and off-road equipment categories are highlighted below; however, applicants are responsible for consulting the CMP guidelines for additional program limitations/requirements.

## **ON-ROAD VEHICLES**

All on-road projects must generate surplus emission reductions. Therefore, all vehicles subject to CARB's Fleet Rules, including but not limited to the Statewide Truck & Bus Regulation, Solid Waste Collection Vehicle Rule, Public Agencies & Utilities Fleet Rule, and Drayage Truck Regulation, significantly reduce if not eliminate CMP funding opportunities. **The remaining funding opportunities discussed below apply exclusively to emergency vehicles and fleets of three (3) or fewer heavy-duty trucks.**

The proposed engine for each on-road project must be consistent with the "Intended Service Class" per the CARB Executive Order [medium-heavy duty (MHD) Intended Service Class engines cannot be used for projects which have the heavy-heavy duty (HHD) vehicle

classifications]. Executive Orders for on-road vehicles may be downloaded at:  
<http://www.arb.ca.gov/msprog/onroad/cert/cert.php>.

### **Emergency Vehicles**

Eligible emergency vehicle projects are those in which a new or used replacement vehicle with an engine meeting the current model year California emission standard replaces an older, more polluting emergency vehicle. The older, replaced vehicle must be destroyed.

A fire truck reuse option is also available on a case-by-case basis. The fire truck reuse option allows fire departments to give away the existing old vehicle and destroy another older vehicle in its place. Additional requirements should be reviewed and understood at

[http://www.arb.ca.gov/msprog/moyer/guidelines/2011gl/2011cmp\\_ch6\\_07\\_11\\_14.pdf](http://www.arb.ca.gov/msprog/moyer/guidelines/2011gl/2011cmp_ch6_07_11_14.pdf)

### **New Purchase**

Due to CARB's 2010 Diesel Engine Emission Standards (0.20 g/bhp-hr NOx and 0.01 g/bhp-hr PM) that took effect on January 1, 2010, on-road new purchase projects are limited exclusively to zero-emission technologies, which would generate minimal surplus emission reductions, resulting in very nominal funding amounts.

### **Repowers**

A replacement engine for a repower project must be a CARB-certified engine meeting emissions levels of 0.50 g/bhp-hr NOx and 0.01 g/bhp-hr PM or lower. Repowers with replacement family emission limit (FEL) engines that meet these emissions levels must be based on emission factors for model year 2007-2009 engines.

Due to technological constraints presented with the limited feasibility of newer engines with advanced emissions control equipment fitting into an older vehicle chassis, **single vehicle repower projects are not eligible for Moyer funding**. However, the economics of repower projects involving a large quantity of the same chassis and engine combination may allow compliance with the engine manufacturer quality assurance process that is equivalent to an Original Equipment Manufacturer (OEM) package. In these cases, a prototype vehicle is thoroughly reviewed and tested to ensure that the installation meets OEM requirements, and the successful prototype installation is then replicated in other vehicles with the same chassis and engine combination. While the prototype evaluation (with documented OEM approval) is not eligible for CMP funding, projects to replicate the identical chassis and engine combination will be considered on a case-by-case basis.

### **Retrofit/Replacement**

Please refer to the On-Road Voucher Incentive Program (VIP) to explore funding opportunities for replacement and retrofit funding at: [www.aqmd.gov/VIP](http://www.aqmd.gov/VIP).

### **OFF-ROAD COMPRESSION-IGNITION EQUIPMENT**

Propulsion engines greater than 25 horsepower on mobile off-road equipment are eligible for CMP funding, with limitations. Off-road heavy-duty equipment/engines include, but are not limited to, construction equipment, agricultural tractors, marine engines, shore power and locomotive equipment. Portable equipment is not eligible for CMP funding.

### **Construction**

Fleets must be in compliance with CARB's In-Use Off-Road Diesel Vehicle Regulation (Off-Road Regulation) in order to be eligible for funding. Applicants must submit information

regarding fleet size and compliance status. **This must include the Diesel Off-Road On-line Reporting System (DOORS) ID of the fleet, the DOORS Compliance Snapshot, the DOORS equipment list, and the DOORS Equipment Identification Number (EIN) of the funded equipment.** All documentation submitted must be signed and dated by the applicant and include language certifying that the fleet list provided is accurate and complete. Off-road projects fall into three distinct categories: 1) repower with an emission-certified engine, 2) retrofit with a verified-diesel emission control strategy (VDECS), and 3) replacement by a vehicle with an engine certified as meeting the current off-road emission standards.

#### Engine Repower

Engine repowers are commonly diesel-to-diesel repowers and significant NOx and PM benefits are achieved due to the higher emission levels of the engine being replaced. Funding is not available for projects where a spark-ignition engine (i.e., natural gas, gasoline, etc.) is replaced with a diesel engine. Off-road repower projects must install CARB-verified retrofit equipment subject to the “Retrofit Purchase” discussion below.

#### Retrofit Purchase

Retrofit is the installation of a CARB-verified diesel emission control device on an existing engine. Examples include, but are not limited to, particulate filters and diesel oxidation catalysts. Retrofit projects that control PM must use the highest level, technically feasible technology available for the equipment being retrofitted, which is defined as a device that achieves the highest level of PM reductions (Level 3 - 85 percent) and the highest level of NOx reductions.

#### Replacement

Fleets may apply for replacement in lieu of repowering their vehicle, where new or used replacement equipment with an engine certified to the current emission standard or Tier is purchased to replace the existing equipment (which will be scrapped).

#### Cargo Handling Equipment (CHE) Electrification

Cargo handling equipment fleets must be fully compliant with CARB’s Regulation for Cargo Handling Equipment at Ports and Intermodal Rail Yards in order to be eligible for CMP funding. Applicants must provide a copy of their most recent CARB Compliance Plan to document compliance with the regulation.

Existing diesel-powered rubber-tired gantry (RTG) cranes or diesel-powered CHE (i.e., yard trucks, etc.) operating at a seaport or intermodal railyard in a trade corridor are eligible for CMP funding to offset costs to electrify this equipment. Projects utilizing regulatory extensions are not eligible for funding.

#### CHE Electrification – RTG Cranes

The CMP allows funding to upgrade existing diesel-powered RTG cranes with a zero-emission power system. Eligible costs may include the purchase of a new crane or installation of a zero-emission engine, necessary parts for an existing RTG crane including directly related vehicle modifications, and infrastructure to supply electrical power, utility construction, and costs associated with increasing the capacity of electrical power to the crane. Ineligible costs include design, engineering, consulting, environmental review, legal fees, permits, licenses and associated fees, taxes, metered costs, insurance, operation, maintenance and repair. Projects are evaluated on a case-by-case basis.

### CHE Electrification – Other

The CMP allows partial funding of up to 50 percent of the eligible cost or \$50,000/unit, whichever is less, to replace an existing CHE with a zero-emission propulsion system. Eligible costs may include the purchase of a zero-emission yard truck. Ineligible costs include license, registration, taxes (other than federal excise and sales tax), insurance, operation, maintenance and repair. Projects are evaluated on a case-by-case basis.

## **MARINE VESSEL PROJECTS**

Marine vessel project types include engine repower and shore power. Each category is summarized below.

### **Marine Engine Repower**

Limited CMP funding opportunities remain for vessel engines subject to the in-use compliance requirements of CARB's Commercial Harbor Craft (CHC) regulation, since the repower must be completed at least three (3) years prior to the vessel's regulatory in-use compliance date. Based on the vessel's operation, the newer engine's emissions must be surplus to the currently required U.S. EPA marine engine emission standard (i.e., Tier 3, Tier 4, etc.). Remanufacture kits, which are comprised of engine component parts that, when installed, reduce the engine's emissions, are subject to the same requirements as engine repower projects.

### **Shore Power Projects**

Shore power projects are eligible only if applicants submit their CARB-approved Initial Terminal Plan with their application to document compliance with CARB's Shore Power regulation and that the proposed project provides emissions reductions that are surplus to regulatory requirements. Projects not subject to the Shore Power regulation are also eligible.

All subsequent project reports to air districts must include any new or updated Terminal Plans in order to evaluate compliance with the project contract.

For shore power projects that demonstrate eligibility, up to 50 percent of the total cost of a shore-side transformer and other equipment between the vessel and shore-side transformer at the port or terminal is eligible for CMP funding. Any costs directly related and necessary to the installation of the eligible equipment may reasonably be included in the total cost, such as labor for installation, and costs of site preparation. Design and engineering costs associated with the transformer and other eligible equipment between the vessel and transformer are considered professional labor costs required to complete the installation and are eligible for funding.

Up to 100 percent of necessary vessel (non-transformer) retrofit costs, specifically required to allow the vessel to plug into shore-side power, are eligible for CMP funding. Up to 50 percent of any necessary transformer costs on board the vessel are eligible for CMP funding.

Ineligible costs include modifications or enhancements made to the shore-side electrical infrastructure needed to bring power to the terminal. Other ineligible shore power costs consist of barge or other acquisitions and modification for a portable system, design, construction or metered costs, insurance, operation, maintenance and repair.

## LOCOMOTIVES

In the SCAQMD, all new locomotives and replacement engines must be certified to Tier 4 standards to be eligible for CMP funding.

Class 1 freight railroads may be eligible for Carl Moyer funding if Proposition 1B Goods Movement Program funding is not available. Such a project is subject to a case-by-case approval by CARB. Class 3 freight railroads and passenger railroads are not subject to any CARB fleet regulations and are therefore eligible for CMP funding. There are five types of locomotive projects that are eligible for Carl Moyer Program funding:

1. Alternative technology switcher (or other cleaner-than-required new locomotive)
2. Idle limiting device (ILD)
3. U.S. EPA-certified engine remanufacture kit or repower/refurbishment
4. CARB-verified retrofit
5. Head end power unit (HEP) (apply as an off-road engine project)

Locomotive project activity must be based upon fuel consumption.

All locomotive projects receiving more than \$50,000 per locomotive in Carl Moyer Program funds must include the purchase and installation of an ILD if the locomotive is not already equipped with such a device and installation is technically feasible.

Refer to the CMP guidelines for additional information regarding these project types:  
[http://www.arb.ca.gov/msprog/moyer/guidelines/2011gl/2011cmp\\_ch11\\_07\\_11\\_14.pdf](http://www.arb.ca.gov/msprog/moyer/guidelines/2011gl/2011cmp_ch11_07_11_14.pdf)

## DEFINITIONS

### Alternative Fuel

Alternative fuels include compressed natural gas (CNG), liquefied natural gas (LNG), hydrogen (H), methanol, ethanol, propane (LPG) and electric technologies. Experimental technologies and fuels will be referred to CARB for evaluation and possible eligibility in the program.

### Equipment Replacement

Equipment replacement means the replacement of an older vehicle or piece of equipment that still has remaining useful life with a newer, cleaner vehicle or piece of equipment. For this project type, applicant must have owned and operated the old equipment in California for the previous two years.

### Repower

Vehicle repower means the replacement of an in-use engine with another, cleaner engine (more than 15 percent cleaner).

### Retrofit

An emission control system employed exclusively with an in-use engine, vehicle or piece of equipment. **CARB guidance requires the applicant to select the highest level technology certified for that engine that provides the most emission reductions.** For many projects, this includes a diesel emission control device that reduces both PM and NOx emissions. In order to be eligible for CMP funding, the retrofit device must be verified for the specific engine family found on the equipment and achieve the highest level emission reductions when compared to other verified retrofit devices. If a specific device reduces both NOx and PM but the PM

reduction from a retrofit is required by a regulation, only the NOx reduction may be eligible for funding.

#### SCAQMD Jurisdiction

The SCAQMD is the air pollution control agency for all of Orange County and the urban portions of Los Angeles, Riverside and San Bernardino counties. This area of 10,743 square miles is home to over 16.8 million people—about half the population of the whole state of California. It is the second most populated urban area in the United States and one of the smoggiest. Visit [www.aqmd.gov/home/about/jurisdiction](http://www.aqmd.gov/home/about/jurisdiction) for more information.

### **IMPORTANT PROGRAM INFORMATION**

- Applicants **must** provide vendor quotes with their application to document the cost of the low-emission vehicle/equipment project. Applicants may be awarded up to the designated percentage of total cost for the specified type of project (new purchase, repower and/or retrofit). Eligible costs include installation labor and sales tax; however, the total award may not exceed the maximum cost-effectiveness for the equipment/vehicle category. **All quotes must have been obtained within 90 days prior to the closing date of the Program Announcement.**
- A number of the CARB fleet rules and air quality regulations have reduced or eliminated CMP eligibility. Compliance with existing air quality regulations is a pre-requisite for CMP funding. Only emissions reductions in excess of regulatory requirements can be considered for CMP funding. If applicants are applying for CMP funds to reduce emissions before the required compliance date (i.e., early reductions), the equipment must demonstrate sufficient years of operation before the regulatory compliance deadline. Applicants are responsible for ensuring that they are in full compliance with all applicable regulations and that vehicles/equipment requests under the CMP provide surplus emissions reductions. As noted earlier, applicants must provide documentation of their regulatory compliance status.
- Any tax obligation associated with the award is the responsibility of the grantee.
- All projects must be operational within eighteen (18) months of contract execution or May 19, 2017, whichever is earlier, with the exception of large off-road fleet projects, in which case all equipment must be in operation no later than October 31, 2016.
- All project invoices must be submitted for payment no later than May 19, 2017, with the exception of large off-road fleet projects, in which case all invoices must be submitted for payment no later than October 31, 2016. Projects which have not invoiced by the applicable date may forfeit their funding.
- The highest level verified diesel emissions control system (VDECS) available is required.
- Repower projects must also include a VDECS, if available for the project engine. The cost of the VDECS equipment and installation may be included in the CMP grant request. It is the responsibility of the applicant to determine the applicability of this requirement, and, if required, to include quotes for this equipment in their application. Projects that require the additional VDECS that do not have cost and system specification information may not be evaluated by SCAQMD staff.



- No third party contracts will be executed.
- Pre- and post-inspection of all vehicles/engines/equipment approved for funding will be conducted, as required. Applicants must make all equipment available **locally (i.e. within the South Coast AQMD boundaries)** for inspections unless specified during contract preparation. Documentation of compliance with existing regulatory requirements is required at the time of pre-inspection.
- **Local** destruction of the engine and/or equipment being replaced is required for repower or replacement projects.
- Emissions reduction calculations will be based on annual hours of operation for off-road equipment projects, and annual mileage for on-road vehicle projects.
- For projects that involve extended idling, including but not limited to street sweepers and solid waste collection vehicles, annual fuel consumption may be used as the basis for the emissions reduction evaluation. For projects based on fuel consumption, usage must be based on two years of historical fuel consumption documentation submitted with the application and specific to the equipment for which funding is requested. Documentation may include fuel logs, purchase receipts, business logs, ledger entries, etc. Annual fuel consumption may be used for the emissions reduction evaluation if documentation of previous fuel usage and mileage records demonstrates at least 30% better cost-effectiveness, as compared to using hours (for off-road) or mileage (for on-road).

## **PROGRAM ADMINISTRATION**

The CMP will be administered locally by the SCAQMD through the Science and Technology Advancement office.

Funding category allocations are provided below in Table 1. The SCAQMD reserves the right to reallocate the funds to another category or subcategory. Additionally, the SCAQMD reserves the right to partially fund a project.

All qualified applications submitted for each category/subcategory will be evaluated for disproportional impacts (discussed in Section IV) and ranked by emission reduction cost-effectiveness.

Proposals for fuel and engine technologies not yet certified by CARB, or falling outside the categories specifically discussed in this PA, will be referred to CARB for determination of CMP eligibility. Please discuss these projects with SCAQMD staff prior to application submittal.

**Table 1: Proposed Funding and Cost-Effectiveness Limits**

<b>Category</b>	<b>Minimum Amount<sup>1</sup> (\$ millions)</b>	<b>Cost-Effectiveness \$/ton</b>
<b>ON-ROAD</b>		
(A) Vehicles <sup>2</sup> (including Emergency Vehicles)	3.0	17,720
<b>OFF-ROAD</b>		
(A) Marine/Shore Power	6.0	17,720
(B) Construction	5.0	17,720
(C) Locomotives	7.0	17,720
(D) Cargo Handling Equipment (electrification only)	2.0	17,720
	<b>23.0</b>	

<sup>1</sup> *In case of oversubscription in these categories, greater funding may be recommended.*

<sup>2</sup> *Due to the California Air Resources Board's 2010 New Diesel Engine Emission Standards (0.20 g/bhp-hr NOx and 0.01 g/bhp-hr PM) that took effect on January 1, 2010, on-road new purchase projects are limited exclusively to zero-emission technologies that still result in generating surplus emission reductions.*

## **SCHEDULE OF EVENTS**

Issue PA #PA2015-07	March 6, 2015
Workshops	April – May 2015
All Applications Due by 1:00 pm	<b>Wednesday, June 3, 2015</b>
Awards Consideration by the Board	September – October 2015
Contract Execution	January 2016

<b>ALL PROPOSALS MUST BE RECEIVED AT THE SCAQMD HEADQUARTERS NO LATER THAN 1:00 P.M. ON WEDNESDAY, JUNE 3, 2015</b>
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**Postmarks will not be accepted. Fax or e-mail proposals will not be accepted. Proposers may hand-deliver proposals to the SCAQMD by submitting the proposal to the SCAQMD reception desk. The proposal will be date and time-stamped and the person delivering the proposal will be given a receipt.**

### **SCHEDULE OF CMP GENERAL WORKSHOPS:**

- **Wednesday, April 15, 2015 - 10 a.m. to Noon**  
SCAQMD Headquarters, Room CC2  
21865 Copley Drive  
Diamond Bar, CA 91765
- **Wednesday, April 29, 2015 - 10 a.m. to Noon**  
SCAQMD Headquarters, Room CC2  
21865 Copley Drive  
Diamond Bar, CA 91765

### **MARINE VESSEL/SHORE POWER /CHE ELECTRIFICATION WORKSHOP**

- **Tuesday, May 5, 2015 – 10 a.m. to Noon**  
Port of Los Angeles Board Room  
425 South Palos Verdes Street  
San Pedro, CA 90731

### **STATEMENT OF COMPLIANCE**

Government Code Section 12990 and California Administrative Code, Title II, Division 4, Chapter 5, require employers to agree not to unlawfully discriminate against any employee or applicant because of race, religion, color, national origin, ancestry, physical handicap, medical condition, marital status, sex, or age. A statement of compliance with this clause is included in all SCAQMD contracts.

### **CONTACT FOR ADDITIONAL INFORMATION**

Questions regarding the content or intent of this PA, procedural matters, or locations of workshops should be addressed to:

Lani Montojo  
Science and Technology Advancement  
South Coast Air Quality Management District  
21865 Copley Drive, Diamond Bar, CA 91765  
(909) 396-2231/3252 FAX

### **SECTION II - WORK STATEMENT/SCHEDULE OF DELIVERABLES**

Applicants must sign the Application form indicating their understanding of the requirements for submittal of additional project information to finalize a contract and that all vehicles, engines or equipment must be in operation within eighteen (18) months of contract execution or by May 19, 2017, whichever is earlier<sup>1</sup>. **Unsigned applications will be deemed ineligible and may NOT be considered for funding.**

### **WORK STATEMENT**

The scope of work involves a series of tasks and deliverables that demonstrate compliance with the requirements of the CMP as administered by CARB and the SCAQMD. The project applicant is responsible for developing detailed project plans that address the program criteria. In addition, alternative fuel project applicants must discuss their plan for refueling the proposed vehicles/equipment, and if appropriate, should provide a letter of agreement from their fuel provider (see Application forms).

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<sup>1</sup> In the case of large off-road fleets, all equipment must be in operation no later than October 31, 2016.

At a minimum, any contract for funding the proposed project must meet the following criteria:

- Provide emission reductions that are real, quantifiable, enforceable and surplus in accordance with CARB and SCAQMD guidelines.
- Meet the cost-effectiveness limits, as described in Table 1 of this PA.
- Provide at least 30 percent NO<sub>x</sub> emission reduction for new engine/vehicle purchases and 15 percent for repowers and retrofits, compared to baseline NO<sub>x</sub> emissions, if NO<sub>x</sub> emission reductions are to be considered in the cost-effectiveness calculations.
- Commit that project engines or equipment operate in-service for the full project life, a minimum of three years, and at least 75 percent of annual operation must occur within the SCAQMD. Project life is the number of years used to determine the cost-effectiveness and is equal to the contract term.
- Commit that all vehicles/engines/equipment are in operation within 18 months of contract execution or by May 19, 2017 whichever is earlier<sup>2</sup>.
- Provide for appropriate record-keeping during the project life (i.e., annual mileage, fuel consumption and/or hours of operation).
- Ensure that the project complies with other local, state, and federal programs, and resulting emission reductions from a specific project are not required as a mitigation measure to reduce adverse environmental impacts that are identified in an environmental document prepared in accordance with the California Environmental Quality Act or the National Environmental Policy Act.
- If requested, contractor must provide a financial statement and bank reference, or other evidence of financial ability to fulfill contract requirements.
- If requested, contractor must make all equipment and records available to the SCAQMD or CARB for audit and inspections.

## **DELIVERABLES**

The contract will describe how the project will be monitored and what type of information will be included in project progress reports. At a minimum, the SCAQMD expects to receive the following reports:

1. Quarterly status reports until the vehicle or equipment purchase, repower or retrofit has been accomplished and in operation. These reports shall include a discussion of any problems encountered and how they were resolved, any changes in the schedule, and recommendations for completion of the project. These progress reports are required before payment for the purchase, repower or retrofit will be made.
2. An annual report for each year during the full contract term, or project life, which provides the annual miles or hours of operation, where the vehicle or equipment was operated (75 percent required in-Basin), annual fuel consumption, and operational and maintenance issues encountered and how they were resolved. SCAQMD reserves the right to verify the information provided.

Reporting forms are available online at: [www.aqmd.gov/Moyer](http://www.aqmd.gov/Moyer)

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<sup>2</sup> In the case of large off-road fleet projects, all equipment must be in operation no later than October 31, 2016.

### **SECTION III - PROPOSAL SUBMITTAL REQUIREMENTS**

Proposers **must** complete the appropriate application forms, which are included in Appendix A. In addition, Conflict of Interest and Project Cost information, as described below, must also be submitted with the application. It is the responsibility of the applicant to ensure that all information submitted is accurate and complete.

#### **CONFLICT OF INTEREST**

Applicant must address any potential conflicts of interest with other clients affected by actions performed by the firm on behalf of the SCAQMD. Although the proposer will not be automatically disqualified by reason of work performed for such firms, the SCAQMD reserves the right to consider the nature and extent of such work in evaluating the proposal. Conflicts of interest will be screened on a case-by-case basis by the SCAQMD General Counsel's Office. Conflict of interest provisions of the state law, including the Political Reform Act, may apply to work performed pursuant to this contract. Please discuss potential conflicts of interest on the Application Statement Form.

#### **PROJECT COST**

Applicants must provide cost information that specifies the amount of funding requested and the basis for that request by attaching vendor quotes to the application. Applicants need to inform vendors of the time frame of the award process so that they can estimate prices to the future/projected order/purchase date.

**Purchase orders must not be placed for projects until after the date of award approval by the SCAQMD Governing Board. Purchase orders may be placed after SCAQMD Governing Board approval and in advance of a fully executed contract, but these orders are placed at the applicant's risk<sup>3</sup>.**

The CMP funds only a percentage of the cost of the low-emission technology based on the type of project. The proposed low-emission technology must be CARB-certified in most cases<sup>4</sup>. No fueling infrastructure, administrative or operational costs will be funded.

All project costs must be clearly indicated in the application. In addition, applicants should be sure to include any sources of co-funding and the amount of each co-funding source in the application. **Proposers are cautioned that the project life period used in calculating emissions reductions will be used to determine the length of their annual reporting obligation.** In other words, a project applicant using a ten year life for the emissions reduction calculations will be required to operate, track and report activity for the project vehicle for the full ten years. The contract term will also be ten years.

Proposers are not required to calculate a project's cost-effectiveness, although it is helpful to understand your project's cost-effectiveness in order to anticipate the maximum possible grant award that might be recommended. Methodologies for calculating cost-effectiveness are provided in the CARB Moyer Guidelines at [http://www.arb.ca.gov/msprog/moyer/guidelines/2011gl/2011cmp\\_appc\\_07\\_11\\_14.pdf](http://www.arb.ca.gov/msprog/moyer/guidelines/2011gl/2011cmp_appc_07_11_14.pdf)

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<sup>3</sup> All orders placed in advance of a fully executed contract are at the purchaser's own risk.

<sup>4</sup> Note that an experimental permit from CARB may be considered, but the project will require special CARB approval.

## **APPLICATION SUBMISSION**

All applications must be submitted according to specifications set forth herein. Failure to adhere to these specifications may be cause for rejection of the proposal without evaluation.

**Staff Contact Information:** SCAQMD staff contacts for each program category are listed in Table 2 below. Applicants are strongly encouraged to contact SCAQMD staff experts to discuss their project prior to submitting an application to ensure program eligibility.

**Application Forms:** Program application forms are provided in Appendix A. These must be completed and submitted with other required documents (i.e. Business Information Request forms, activity documentation, project quotes, etc.) discussed in the application and below.

**Business Information Forms:** Consists of business information request forms that **must** be completed and submitted with the Application. Please note, if recommended for an award, you will be required to submit an updated Campaign Contribution Disclosure form at a later date.

**Due Date** - The proposer shall submit four (4) complete signed copies of the application, as well as an electronic copy of the application and its supporting documents on a CD or flash drive, in a sealed envelope, plainly marked in the upper left-hand corner with the name and address of the proposer and the words "Program Announcement #PA2015-07. All proposals/applications shall be submitted in an environmentally friendly format: stapled, not bound, black and white print; no three-ring, spiral or plastic binders, and no card stock or colored paper.

All proposals must be received no later than **1:00 p.m., on June 3, 2015**. Postmarks are not accepted as proof of deadline compliance. **Faxed or emailed proposals will not be accepted.** Proposals must be directed to:

Procurement Unit  
South Coast Air Quality Management District  
21865 East Copley Drive  
Diamond Bar, CA 91765

**Any correction or resubmission done by the proposer will not extend the submittal due date.**

**Grounds for Rejection** - A proposal may be immediately rejected if:

- It is not prepared in the format described
- It is not signed by an individual authorized to represent the firm
- Does not include current cost quotes, Contractor Statement Forms and other forms required in this PA.

**Missing Information** – Within five (5) business days of the proposal due date, SCAQMD will send letters to applicants regarding missing information. Applicants will have seven (7) days to provide any missing information requested in this letter. Any additional information requests will also have a seven (7) day response deadline.

**Disposition of Proposals** - The SCAQMD reserves the right to reject any or all proposals. All responses become the property of the SCAQMD. One copy of proposals not selected for funding shall be retained for one year. Additional copies and materials will be returned only if requested and at the proposer's expense.

## **SECTION IV - PROPOSAL EVALUATION/CONTRACTOR SELECTION CRITERIA**

SCAQMD staff will evaluate all submitted proposals and make recommendations to the Governing Board for final selection of project(s) to be funded. Proposals will be evaluated on the cost-effectiveness of NO<sub>x</sub>, PM<sub>10</sub> and ROG reduced, as well as a project's disproportional impact evaluation (discussed below). Be aware that there is a possibility that due to program priorities, cost-effectiveness and/or funding limitations, project applicants may be offered only partial funding, and not all proposals that meet cost-effectiveness criteria may be funded.

At least 50 percent of the SCAQMD's CMP funds must be spent in areas that are most disproportionately impacted by air pollution. SCAQMD uses the following method to meet these requirements:

1. All projects must qualify for the Carl Moyer Program by meeting the cost effectiveness limits established in the Program Announcement.
2. All projects will be evaluated according to the following criteria to qualify for funding as a disproportionately impacted area:
  - a) Poverty Level: Detailed socioeconomic information is not included in the 2010 Census. Such data is collected yearly from a small percentage of the population on a rotating basis by the American Community Survey (ACS). All projects in areas where at least 10 percent of the population falls below the Federal poverty level based on the 2008-2012 ACS data are eligible to be included in this category, and
  - b) PM<sub>2.5</sub> Exposure: All projects in areas with the highest 15 percent of PM<sub>2.5</sub> concentration measured within a 2 km grid will be eligible to be ranked in this category. The highest 15 percent of PM<sub>2.5</sub> concentration is 11.10 micrograms per cubic meter and above, on an annual average, or
  - c) Air Toxics Exposure: All projects in areas with a cancer risk of 865 in a million and above (based on MATES III estimates) will be eligible to be ranked in this category.

The maximum score is comprised of 40 percent for poverty level and 30 percent each for PM and toxic exposures. Special circumstances exist in some areas, such as the Ports of Long Beach and Los Angeles. Since there are no residents within the ports, poverty ranking could not be established. In this case, the poverty ranking from the adjacent on-shore areas was extended to the port since these populated areas are directly impacted by port activities.

## **SECTION V - PAYMENT TERMS**

For all projects, except shore power projects, full payment will be made upon installation and commencement of operation of the funded equipment. For shore power projects, a progress payment schedule will be established that allows payment upon completion of key milestones, as delineated in the contract.

## **SECTION VI: SCAQMD STAFF CONTACTS AND ADDITIONAL RESOURCES**

The SCAQMD staff contacts are listed in Table 2 by project category. Copies of the Program Announcement, Application Forms and a sample SCAQMD CMP contract may be accessed at: [www.aqmd.gov/Moyer](http://www.aqmd.gov/Moyer).

**Table 2: CMP Staff Contacts**

<b>Project Category</b>	<b>Staff Contact</b>	<b>Phone Number</b>	<b>E-mail</b>
On-Road Heavy-Duty Vehicles	Ashkaan Nikravan	(909) 396-3260	<a href="mailto:anikravan@aqmd.gov">anikravan@aqmd.gov</a>
Off-Road Equipment	Frank Motavassel	(909) 396-2152	<a href="mailto:fmotavassel@aqmd.gov">fmotavassel@aqmd.gov</a>
Cargo Handling Equipment Electrification	Greg Ushijima	(909) 396-3301	<a href="mailto:gushijima@aqmd.gov">gushijima@aqmd.gov</a>
Marine Vessels	Mark Coleman Von Loveland	(909) 396-3074 (909) 396-3063	<a href="mailto:mcoleman@aqmd.gov">mcoleman@aqmd.gov</a> <a href="mailto:vloveland@aqmd.gov">vloveland@aqmd.gov</a>
Shore Power	Greg Ushijima	(909) 396-3301	<a href="mailto:gushijima@aqmd.gov">gushijima@aqmd.gov</a>
Locomotives	Connie Day	(909) 396-3055	<a href="mailto:cday@aqmd.gov">cday@aqmd.gov</a>

### **WEBSITE LINKS TO CARB RULES THAT AFFECT CMP ELIGIBILITY**

On-Road Private (truck and bus) @ <http://www.arb.ca.gov/msprog/onrdiesel/onrdiesel.htm>

Public/Utility Fleets @ <http://www.arb.ca.gov/msprog/publicfleets/publicfleets.htm>

In-Use Off-Road (CI) @ <http://www.arb.ca.gov/msprog/ordiesel/ordiesel.htm>

Harbor Craft @ <http://www.arb.ca.gov/ports/marinevess/harborcraft.htm>

Cargo Handling Equipment @ <http://www.arb.ca.gov/ports/cargo/cargo.htm>

Shore Power @ <http://www.arb.ca.gov/ports/shorepower/shorepower.htm>



## **APPENDIX A**

### **Table of Contents**

**Each document listed below is linked to SCAQMD's CMP website for efficient download.**

1. Application Checklist
2. Form A-1: General Application (includes Checklist, Application Statement and Business Information Forms)
3. Category Application Form specific to your project category (one type per application)
  - a) Form B-1: On-Road Heavy-Duty Vehicles, New Purchase
  - b) Form B-2: On-Road Heavy-Duty Vehicles, Repower
  - c) Form B-3: Emergency Vehicles (Fire Apparatus)
  - d) Form C-1: Off-Road Equipment Replacement
  - e) Form C-2: Off-Road Equipment (Repower, Repower with Retrofit)
  - f) Form C-3: Off-Road Equipment Retrofit
  - g) Form C-4: Cargo Handling Equipment (CHE) Electrification
  - h) Form D-1: Marine Vessels, Repower
  - i) Form D-2: Marine Vessels, Shore Power
  - j) Form E-1: Locomotives

## APPLICATION CHECKLIST

Use this checklist to organize your application. Each of the following application sections is required to be submitted:

- ☐ A cover letter stating your grant request, how many pieces of equipment and/or engines included in the proposed project, and the funding amount being requested (per engine and for the total project).
- ☐ This Application Checklist (signed below)
- ☐ General Application Form A-1 – including:
  - ☐ General Application Information Form
  - ☐ Application Statement (signed and initialed as applicable)
  - ☐ Completed and **signed** Business Information Request Forms
- ☐ Category Application Form specific to your project category, along with the following attachments/enclosures:
  - ☐ Excel Worksheet associated with applicable application form/category (use this form with multiple equipment projects)
  - ☐ Vendor quotes dated no earlier than 90 days prior to the closing date of the Program Announcement
  - ☐ CARB Executive Orders for each engine. Download at:  
On-road: <http://www.arb.ca.gov/msprog/onroad/cert/cert.php>  
Off-road: <http://www.arb.ca.gov/diesel/cv.htm>
  - ☐ Previous two years of historical data documenting usage

Once completed please submit one electronic and four paper copies of the assembled package, in accordance with the Application Submittal Instructions.

I understand that all documents, as listed above, are required in order to have a complete application package in order to be considered for funding under the Carl Moyer Program.

---

Signature

---

Date



## FORM A-1: GENERAL APPLICATION FORM

The SCAQMD is accepting applications for projects throughout its jurisdiction. All proposals will be evaluated based on their cost-effectiveness and their disproportionate impact score as discussed in Section IV “Proposal Evaluation/Contract Selection Criteria” contained in Program Announcement#PA2015-07. For additional information about SCAQMD’s policies and application information see: [www.aqmd.gov/Moyer](http://www.aqmd.gov/Moyer). In general, this program will follow the guidelines of the California Air Resources Board (CARB) Carl Moyer Memorial Air Quality Standards Attainment Program. For more information on this CARB program see: <http://www.arb.ca.gov/msprog/moyer/moyer.htm>.

The submittal of an application does not guarantee approval for funding, but will be used to determine the potential emission reductions and eligible grant funding amount for the proposed project. Any equipment purchased prior to project approval by the SCAQMD Governing Board will not be eligible for funding. Applicant may, at their own risk, issue a purchase order for approved equipment prior to contract execution. Other than a purchase order, **no other work shall proceed** until a fully executed contract, i.e. signed by the applicant and SCAQMD Board Chairman and a pre-inspection, is completed.

### APPLICANT INFORMATION

Total Number of Vehicles/Equipment included in this application:	
Legal Name of Equipment Owner:	
Mailing Address:	
Street Address/P.O. Box:	
State:	
County:	
City and zip code:	

	E-Mail	Phone Number	Fax Number
Primary Contact Name:			
Person Authorized to Sign Application and Execute Grant Agreement:			

Name of Person who Completed Application:	
What is your position?	
How much are you being paid to complete this application for the owner or to assist in the proposed project?	
What is the source of funds being used to pay you?	
Signature:	
Date:	



**Application Statement – Please Read and Sign/Initial as Applicable**

All information provided in this application will be used by SCAQMD staff to evaluate the eligibility of this application to receive program funds. SCAQMD staff reserves the right to request additional information and can deny the application if such requested information is not provided by the requested deadline. Incomplete or illegible applications will be returned to applicant or vendor, without evaluation. An incomplete application is an application that is missing information critical to the evaluation of the project.

**Initial to indicate acceptance or note “NA” if not applicable (NA) to your project.**

..... I certify to the best of my knowledge that the information contained in this application is true and accurate.

..... I understand that all vehicles/equipment, both existing and new, must be made available within the SCAQMD boundaries for inspection, unless otherwise approved by SCAQMD’s Project Officer.

..... The vehicle/engine will be used within the SCAQMD boundaries (with the emission reduction system operating) for at least the projected usage shown in this application, and no less than 75 percent of the time.

..... I understand that it is my responsibility to ensure that all technologies are either verified or certified by the California Air Resources Board (CARB) to reduce NO<sub>x</sub> and/or PM pollutants. CARB Verification Letters and/or Executive Orders are attached, as applicable.

..... I understand that for repower projects, I am required to install the highest level available verified diesel emission control device (VDECS), and that the costs of this device and associated installation are a CMP eligible expense. These costs may be included in the project grant request up to the maximum cost-effectiveness limit.

..... I understand that there may be conditions placed upon receiving a grant and agree to refund the grant (or pro-rated portion thereof) if it is found that at any time I do not meet those conditions and if directed by the SCAQMD in accordance with the contract agreement.

..... I understand that, for this equipment, I will be prohibited from applying for any other form of emission reduction credits for Moyer-funded vehicles/engines, including: Emission Reduction Credit (ERC); Mobile Source Emission Reduction Credit (MSERC) and/or Certificate of Advanced Placement (CAP), for all time, from the SCAQMD, CARB or any other Air Quality Management or Air Pollution Control District.

..... The proposed project has not been funded and is not being considered for Carl Moyer Program funds by another air district, CARB, or any other public agency.

..... In the event that the vehicle(s)/equipment do not complete the minimum term of any agreement eventually reached from this application, I agree to ensure the equivalent project emissions reductions, or to return grant funds to the SCAQMD as required by the contract.

..... I have the legal authority to apply for grant funding for the entity described in this application.

..... I understand that all on-road engines in my fleet that are eligible for a low-NO<sub>x</sub> software upgrade (reflash) must be reflashed within 60 days of receipt of contract execution. I may self-certify that the reflash has been performed by submitting a receipt of the completed reflash or a picture of the “Low NO<sub>x</sub> Reflash Label” from the reflashed engine to SCAQMD.

..... Disclosure of the value of any current financial incentive that directly reduces the project price, including tax credits or deductions, grants, or other public financial assistance for the same engine is required. To avoid double counting of incentives, all tax credits or deductions, grants, or other public financial assistance must be deducted from the CMP request.

..... I understand that third party contracts are not permitted. A third party may, however complete an application on an owner’s behalf. Third parties are required to list how much compensation, if any, they are receiving to prepare the application(s), and to certify that no CMP funds are being used for this compensation.

..... I understand that off-road equipment applicants subject to CARB’s In-Use Off-Road Diesel Vehicle Regulation (Off-Road Regulation must submit information regarding fleet size and compliance status. This



must include the Diesel Off-Road On-line Reporting System (DOORS) ID of the fleet and the DOORS Equipment Identification Number (EIN) of the funded equipment. All documentation submitted must be signed and dated by the applicant and include language certifying that the fleet list provided is accurate and complete.

I understand that additional project information may be requested during project review and must be submitted prior to contract award.

I understand that all vehicles, engines or equipment funded by this program must be operational within eighteen (18) months of contract execution, or by May 19, 2017, whichever is earlier, except in the case of large off-road fleet projects, where all equipment must be in operation no later than October 31, 2016.

All project applicants must submit documentation that supports the activity claimed in the application (i.e., fuel receipts, mileage logs and/or hour-meter readings covering the last two years). This documentation is attached.

The grant contract language cannot be modified without the written consent of all parties. I have reviewed and accepted the sample contract language.

I understand that an IRS Form 1099 may be issued to me for incentive funds received under the Moyer Program. I understand that it is my responsibility to determine the tax liability associated with participating in the Moyer Program.

I understand that an SCAQMD-funded Global Positioning System (GPS) unit will be installed on vehicles/equipment not operating within SCAQMD boundaries full time. I will submit data as requested and otherwise cooperate with all data reporting requirements. I also understand that the additional cost of the GPS unit will be added to the project cost when calculating cost-effectiveness, though the SCAQMD will pay for this system directly.

I understand that the SCAQMD has the right to conduct unannounced inspections for the full project life to ensure the project equipment is fully operational at the activity level committed to by the contract.

I understand that all emission reductions resulting from funded projects will be retired. To avoid double counting of emission reductions, project vehicles and/or equipment may not receive funding from any other government grant program that is designed to reduce mobile source emissions.

I understand that a tamper proof, non-resettable digital hour meter/odometer must be installed on all vehicles/equipment and that the digital hour meter/odometer will record the hours/miles accumulated within the SCAQMD boundaries. This cost is my responsibility.

I understand that any tax credits claimed must be deducted from the CMP request.

Please check one:

☐ I do not plan to claim a tax credit or deduction for costs funded by the CMP.

☐ I do plan to claim a tax credit or deduction for costs funded by the CMP.

If so, please indicate amount here: \$ \_\_\_\_\_

☐ I plan to claim a tax credit or deduction only for the portion of incremental costs not funded by the CMP.

If so, please indicate amount here: \$ \_\_\_\_\_

### **Conflict of Interest**

**I initialed below to indicate** that there are no potential conflicts of interest with other clients affected by actions performed by the firm on behalf of the SCAQMD. **If this bullet is not initialed, I have attached a description to this application of the potential conflict of interest**, which will be screened on a case-by-case basis by the SCAQMD District Counsel's Office. There is no potential conflict of interest: \_\_\_\_\_ (Please initial if applicable, else attach separate sheet describing the potential conflict.)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Name (please print)

\_\_\_\_\_  
Title



# South Coast Air Quality Management District

21865 Copley Drive, Diamond Bar, CA 91765-4178

(909) 396-2000 • [www.aqmd.gov](http://www.aqmd.gov)

**Business Information Request Forms**  
**Complete and submit each form with application.**  
**Please do not submit the instructions.**

Dear SCAQMD Contractor/Supplier:

The South Coast Air Quality Management District (SCAQMD) is committed to ensuring that our contractor/supplier records are current and accurate. If your firm is selected for award of a purchase order or contract, it is imperative that the information requested herein be supplied in a timely manner to facilitate payment of invoices. In order to process your payments, we need the enclosed information regarding your account. **Please review and complete the information identified on the following pages, complete the enclosed W-9 form, remember to sign both documents for our files, and return them as soon as possible to the address below:**

**Attention: Accounts Payable, Accounting Department**  
**South Coast Air Quality Management District**  
**21865 Copley Drive**  
**Diamond Bar, CA 91765-4178**

If you do not return this information, we will not be able to establish you as a vendor. This will delay any payments and would still necessitate your submittal of the enclosed information to our Accounting department before payment could be initiated. Completion of this document and enclosed forms would ensure that your payments are processed timely and accurately.

**If you have any questions or need assistance in completing this information, please contact Accounting at (909) 396-3777. We appreciate your cooperation in completing this necessary information.**

Sincerely,

Michael B. O'Kelly  
Chief Financial Officer

DH:tm

Enclosures: Business Information Request  
Disadvantaged Business Certification  
W-9  
Form 590 Withholding Exemption Certificate  
Federal Contract Debarment Certification  
Campaign Contributions Disclosure  
Direct Deposit Authorization

REV 12/14



# South Coast Air Quality Management District

21865 Copley Drive, Diamond Bar, CA 91765-4178  
(909) 396-2000 • [www.aqmd.gov](http://www.aqmd.gov)

## BUSINESS INFORMATION REQUEST

Business Name	
Division of	
Subsidiary of	
Website Address	
Type of Business <i>Check One:</i>	<input type="checkbox"/> Individual <input type="checkbox"/> DBA, Name _____, County Filed in _____ <input type="checkbox"/> Corporation, ID No. _____ <input type="checkbox"/> LLC/LLP, ID No. _____ <input type="checkbox"/> Other _____

## REMITTING ADDRESS INFORMATION

Address			
City/Town			
State/Province		Zip	
Phone	(     )     -     Ext	Fax	(     )     -
Contact		Title	
E-mail Address			
Payment Name if Different			

**All invoices must reference the corresponding Purchase Order Number(s)/Contract Number(s) if applicable and mailed to:**

**Attention: Accounts Payable, Accounting Department  
South Coast Air Quality Management District  
21865 Copley Drive  
Diamond Bar, CA 91765-4178**

## DISADVANTAGED BUSINESS CERTIFICATION

Federal guidance for utilization of disadvantaged business enterprises allows a vendor to be deemed a small business enterprise (SBE), minority business enterprise (MBE) or women business enterprise (WBE) if it meets the criteria below.

- is certified by the Small Business Administration or
- is certified by a state or federal agency or
- is an independent MBE(s) or WBE(s) business concern which is at least 51 percent owned and controlled by minority group member(s) who are citizens of the United States.

### Statements of certification:

As a prime contractor to the SCAQMD, \_\_\_\_\_ (name of business) will engage in good faith efforts to achieve the fair share in accordance with 40 CFR Section 33.301, and will follow the six affirmative steps listed below **for contracts or purchase orders funded in whole or in part by federal grants and contracts.**

1. Place qualified SBEs, MBEs, and WBEs on solicitation lists.
2. Assure that SBEs, MBEs, and WBEs are solicited whenever possible.
3. When economically feasible, divide total requirements into small tasks or quantities to permit greater participation by SBEs, MBEs, and WBEs.
4. Establish delivery schedules, if possible, to encourage participation by SBEs, MBEs, and WBEs.
5. Use services of Small Business Administration, Minority Business Development Agency of the Department of Commerce, and/or any agency authorized as a clearinghouse for SBEs, MBEs, and WBEs.
6. If subcontracts are to be let, take the above affirmative steps.

### **Self-Certification Verification: Also for use in awarding additional points, as applicable, in accordance with SCAQMD Procurement Policy and Procedure:**

Check all that apply:

- ☐ Small Business Enterprise/Small Business Joint Venture ☐ Women-owned Business Enterprise  
☐ Local business ☐ Disabled Veteran-owned Business Enterprise/DVBE Joint Venture  
☐ Minority-owned Business Enterprise

Percent of ownership: \_\_\_\_\_ %

Name of Qualifying Owner(s): \_\_\_\_\_

**State of California Public Works Contractor Registration No. \_\_\_\_\_. MUST BE INCLUDED IF BID PROPOSAL IS FOR PUBLIC WORKS PROJECT.**

I, the undersigned, hereby declare that to the best of my knowledge the above information is accurate. Upon penalty of perjury, I certify information submitted is factual.

\_\_\_\_\_  
NAME

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
DATE



## **Definitions**

**Disabled Veteran-Owned Business Enterprise** means a business that meets all of the following criteria:

- is a sole proprietorship or partnership of which is at least 51 percent owned by one or more disabled veterans, or in the case of any business whose stock is publicly held, at least 51 percent of the stock is owned by one or more disabled veterans; a subsidiary which is wholly owned by a parent corporation but only if at least 51 percent of the voting stock of the parent corporation is owned by one or more disabled veterans; or a joint venture in which at least 51 percent of the joint venture's management and control and earnings are held by one or more disabled veterans.
- the management and control of the daily business operations are by one or more disabled veterans. The disabled veterans who exercise management and control are not required to be the same disabled veterans as the owners of the business.
- is a sole proprietorship, corporation, partnership, or joint venture with its primary headquarters office located in the United States and which is not a branch or subsidiary of a foreign corporation, firm, or other foreign-based business.

**Joint Venture** means that one party to the joint venture is a DVBE and owns at least 51 percent of the joint venture. In the case of a joint venture formed for a single project this means that DVBE will receive at least 51 percent of the project dollars.

**Local Business** means a business that meets all of the following criteria:

- has an ongoing business within the boundary of the SCAQMD at the time of bid application.
- performs 90 percent of the work within SCAQMD's jurisdiction.

**Minority-Owned Business Enterprise** means a business that meets all of the following criteria:

- is at least 51 percent owned by one or more minority persons or in the case of any business whose stock is publicly held, at least 51 percent of the stock is owned by one or more minority persons.
- is a business whose management and daily business operations are controlled or owned by one or more minority person.
- is a business which is a sole proprietorship, corporation, partnership, joint venture, an association, or a cooperative with its primary headquarters office located in the United States, which is not a branch or subsidiary of a foreign corporation, foreign firm, or other foreign business.

"Minority" person means a Black American, Hispanic American, Native American (including American Indian, Eskimo, Aleut, and Native Hawaiian), Asian-Indian American (including a person whose origins are from India, Pakistan, or Bangladesh), Asian-Pacific American (including a person whose origins are from Japan, China, the Philippines, Vietnam, Korea, Samoa, Guam, the United States Trust Territories of the Pacific, Northern Marianas, Laos, Cambodia, or Taiwan).

**Small Business Enterprise** means a business that meets the following criteria:

- a. 1) an independently owned and operated business; 2) not dominant in its field of operation; 3) together with affiliates is either:
  - A service, construction, or non-manufacturer with 100 or fewer employees, and average annual gross receipts of ten million dollars (\$10,000,000) or less over the previous three years, or
  - A manufacturer with 100 or fewer employees.
- b. Manufacturer means a business that is both of the following:
  - 1) Primarily engaged in the chemical or mechanical transformation of raw materials or processed substances into new products.
  - 2) Classified between Codes 311000 to 339000, inclusive, of the North American Industrial Classification System (NAICS) Manual published by the United States Office of Management and Budget, 2007 edition.

**Small Business Joint Venture** means that one party to the joint venture is a Small Business and owns at least 51 percent of the joint venture. In the case of a joint venture formed for a single project this means that the Small Business will receive at least 51 percent of the project dollars.

**Women-Owned Business Enterprise** means a business that meets all of the following criteria:

- is at least 51 percent owned by one or more women or in the case of any business whose stock is publicly held, at least 51 percent of the stock is owned by one or more women.
- is a business whose management and daily business operations are controlled or owned by one or more women.
- is a business which is a sole proprietorship, corporation, partnership, or a joint venture, with its primary headquarters office located in the United States, which is not a branch or subsidiary of a foreign corporation, foreign firm, or other foreign business.

**Request for Taxpayer  
Identification Number and Certification**

**Give Form to the  
requester. Do not  
send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____  <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions):  Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

<b>Part I Taxpayer Identification Number (TIN)</b> Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.  <b>Note.</b> If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.	<table border="1"><tr><td colspan="9">Social security number</td></tr><tr><td></td><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td></tr></table> <table border="1"><tr><td colspan="9">Employer identification number</td></tr><tr><td></td><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td></tr></table>	Social security number													-					Employer identification number													-				
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<b>Part II Certification</b> Under penalties of perjury, I certify that:  1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and  2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and  3. I am a U.S. citizen or other U.S. person (defined below), and  4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.  <b>Certification instructions.</b> You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.	<table border="1"><tr><td>Signature of U.S. person ▶</td><td>Date ▶</td></tr></table>	Signature of U.S. person ▶	Date ▶
Signature of U.S. person ▶	Date ▶		

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** The IRS has created a page on IRS.gov for information about Form W-9, at [www.irs.gov/w9](http://www.irs.gov/w9). Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

**Purpose of Form**

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

**Note.** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity,
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust, and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

### Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* on page 1.

**What is FATCA reporting?** The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the Instructions for the Requester of Form W-9 for more information.

## Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

**Sole proprietor.** Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

**Partnership, C Corporation, or S Corporation.** Enter the entity's name on the "Name" line and any business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

**Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulation section 301.7701-2(c)(2)(iii). Enter the owner's name on the "Name" line. The name of the entity entered on the "Name" line should never be a disregarded entity. The name on the "Name" line must be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on the "Name" line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the "Business name/disregarded entity name" line. If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

**Note.** Check the appropriate box for the U.S. federal tax classification of the person whose name is entered on the "Name" line (Individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

**Limited Liability Company (LLC).** If the person identified on the "Name" line is an LLC, check the "Limited liability company" box only and enter the appropriate code for the U.S. federal tax classification in the space provided. If you are an LLC that is treated as a partnership for U.S. federal tax purposes, enter "P" for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter "C" for C corporation or "S" for S corporation, as appropriate. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the "Name" line) is another LLC that is not disregarded for U.S. federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the "Name" line.

**Other entities.** Enter your business name as shown on required U.S. federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name/disregarded entity name" line.

## Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the *Exemptions* box, any code(s) that may apply to you. See *Exempt payee code* and *Exemption from FATCA reporting code* on page 3.



**Exempt payee code.** Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.

**Note.** If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following codes identify payees that are exempt from backup withholding:

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 5 <sup>2</sup>
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements.

- A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
- B—The United States or any of its agencies or instrumentalities
- C—A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
- D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)
- E—A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i)
- F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

- G—A real estate investment trust
- H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
- I—A common trust fund as defined in section 584(a)
- J—A bank as defined in section 581
- K—A broker
- L—A trust exempt from tax under section 664 or described in section 4947(a)(1)
- M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

## Part I. Taxpayer Identification Number (TIN)

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note.** See the chart on page 4 for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at [www.ssa.gov](http://www.ssa.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/businesses](http://www.irs.gov/businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting [IRS.gov](http://IRS.gov) or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note.** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the "Name" line must sign. Exempt payees, see *Exempt payee code* earlier.

**Signature requirements.** Complete the certification as indicated in items 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

**What Name and Number To Give the Requester**

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>3</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
5. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A))	The grantor <sup>4</sup>
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulation section 1.671-4(b)(2)(i)(B))	The trust

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or "DBA" name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

**\*Note.** Grantor also must provide a Form W-9 to trustee of trust.

**Note.** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

**Secure Your Tax Records from Identity Theft**

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

**Protect yourself from suspicious emails or phishing schemes.** Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: [spam@uce.gov](mailto:spam@uce.gov) or contact them at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 1-877-IDTHEFT (1-877-438-4338).

Visit [IRS.gov](http://IRS.gov) to learn more about identity theft and how to reduce your risk.

**Privacy Act Notice**

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.



**2014 Withholding Exemption Certificate****590**

The payee completes this form and submits it to the withholding agent.

Withholding Agent (Type or print)

Name

**Payee**

Name

☐ SSN or ITIN ☐ FEIN ☐ CA Corp no. ☐ CA SOS file no.

Address (apt./ste., room, PO Box, or PMB no.)

City (If you have a foreign address, see instructions.)

State

ZIP Code

**Exemption Reason**

Check only one reason box below that applies to the payee.

By checking the appropriate box below, the Payee certifies the reason for the exemption from the California income tax withholding requirements on payment(s) made to the entity or individual.

☐ **Individuals — Certification of Residency:**

I am a resident of California and I reside at the address shown above. If I become a nonresident at any time, I will promptly notify the withholding agent. See instructions for General Information D, Definitions.

☐ **Corporations:**

The corporation has a permanent place of business in California at the address shown above or is qualified through the California Secretary of State (SOS) to do business in California. The corporation will file a California tax return. If this corporation ceases to have a permanent place of business in California or ceases to do any of the above, I will promptly notify the withholding agent. See instructions for General Information D, Definitions.

☐ **Partnerships or limited liability companies (LLCs):**

The partnership or LLC has a permanent place of business in California at the address shown above or is registered with the California SOS, and is subject to the laws of California. The partnership or LLC will file a California tax return. If the partnership or LLC ceases to do any of the above, I will promptly inform the withholding agent. For withholding purposes, a limited liability partnership (LLP) is treated like any other partnership.

☐ **Tax-Exempt Entities:**

The entity is exempt from tax under California Revenue and Taxation Code (R&amp;TC) Section 23701 \_\_\_\_\_ (insert letter) or Internal Revenue Code Section 501(c) \_\_\_\_\_ (insert number). If this entity ceases to be exempt from tax, I will promptly notify the withholding agent. Individuals cannot be tax-exempt entities.

☐ **Insurance Companies, Individual Retirement Arrangements (IRAs), or Qualified Pension/Profit Sharing Plans:**

The entity is an insurance company, IRA, or a federally qualified pension or profit-sharing plan.

☐ **California Trusts:**

At least one trustee and one noncontingent beneficiary of the above-named trust is a California resident. The trust will file a California fiduciary tax return. If the trustee or noncontingent beneficiary becomes a nonresident at any time, I will promptly notify the withholding agent.

☐ **Estates — Certification of Residency of Deceased Person:**

I am the executor of the above-named person's estate or trust. The decedent was a California resident at the time of death. The estate will file a California fiduciary tax return.

☐ **Nonmilitary Spouse of a Military Servicemember:**

I am a nonmilitary spouse of a military servicemember and I meet the Military Spouse Residency Relief Act (MSRRA) requirements. See instructions for General Information E, MSRRA.

**CERTIFICATE OF PAYEE:** Payee must complete and sign below.

Under penalties of perjury, I hereby certify that the information provided in this document is, to the best of my knowledge, true and correct. If conditions change, I will promptly notify the withholding agent.

Payee's name and title (type or print) \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Payee's signature ► \_\_\_\_\_ Date \_\_\_\_\_

# Instructions for Form 590

## Withholding Exemption Certificate

References in these instructions are to the California Revenue and Taxation Code (R&TC).

### General Information

**Registered Domestic Partners (RDP)** – For purposes of California income tax, references to a spouse, husband, or wife also refer to a Registered Domestic Partner (RDP) unless otherwise specified. For more information on RDPs, get FTB Pub. 737, Tax Information for Registered Domestic Partners.

### A Purpose

Use Form 590, Withholding Exemption Certificate, to certify an exemption from nonresident withholding.

Form 590 does not apply to payments of backup withholding. For information on California backup withholding, go to [ftb.ca.gov](http://ftb.ca.gov) and search for **backup withholding**.

Form 590 does not apply to payments for wages to employees. Wage withholding is administered by the California Employment Development Department (EDD). For more information, go to [edd.ca.gov](http://edd.ca.gov) or call 888.745.3886.

Do not use Form 590 to certify an exemption from withholding if you are a **Seller of California real estate**. Sellers of California real estate use Form 593-C, Real Estate Withholding Certificate, to claim an exemption from real estate withholding.

**The following are excluded from withholding and completing this form:**

- The United States and any of its agencies or instrumentalities.
- A state, a possession of the United States, the District of Columbia, or any of its political subdivisions or instrumentalities.
- A foreign government or any of its political subdivisions, agencies, or instrumentalities.

### B Income Subject to Withholding

California Revenue and Taxation Code (R&TC) Section 18662 requires withholding of income or franchise tax on payments of California source income made to nonresidents of California.

Withholding is required on the following, but is not limited to:

- Payments to nonresidents for services rendered in California.
- Distributions of California source income made to domestic nonresident S corporation shareholders, partners, and members and allocations of California source income made to foreign partners and members.
- Payments to nonresidents for rents if the payments are made in the course of the withholding agent's business.

- Payments to nonresidents for royalties from natural resources with activities in California.
- Distributions of California source income to nonresident beneficiaries from an estate or trust.
- Endorsement payments received for services performed in California.
- Prizes and winnings received by nonresidents for contests in California.

However, withholding is optional if the total payments of California source income are \$1,500 or less during the calendar year.

For more information on withholding get FTB Pub. 1017, Resident and Nonresident Withholding Guidelines. To get a withholding publication, see Additional Information.

### C Who Certifies this Form

Form 590 is certified by the payee. California residents or entities exempt from the withholding requirement should complete Form 590 and submit it to the withholding agent. The withholding agent is then relieved of the withholding requirements if the agent relies in good faith on a completed and signed Form 590 unless notified by the Franchise Tax Board (FTB) that the form should not be relied upon.

An incomplete certificate is invalid and the withholding agent should not accept it. If the withholding agent receives an incomplete certificate, the withholding agent is required to withhold tax on payments made to the payee until a valid certificate is received. In lieu of a completed certificate on the preprinted form, the withholding agent may accept as a substitute certificate a letter from the payee explaining why the payee is not subject to withholding. The letter must contain all the information required on the certificate in similar language, including the under penalty of perjury statement and the payee's taxpayer identification number. The withholding agent must retain a copy of the certificate or substitute for at least four years after the last payment to which the certificate applies, and provide it upon request to the FTB.

For example, if an entertainer (or the entertainer's business entity) is paid for a performance, the entertainer's information must be provided. **Do not** submit the entertainer's agent or promoter information. The grantor of a grantor trust shall be treated as the payee for withholding purposes. Therefore, if the payee is a grantor trust and one or more of the grantors is a nonresident, withholding is required. If all of the grantors on the trust are residents, no withholding is required. Resident grantors can check the box on Form 590 labeled "Individuals — Certification of Residency."

### D Definitions

**Nonresident** includes all of the following:

- Individuals who are not residents of California.
- Corporations not qualified through the California Secretary of State (CA SOS) to do business in California or having no permanent place of business in California.
- Partnerships or limited liability companies (LLCs) with no permanent place of business in California.
- Any trust without a resident grantor, beneficiary, or trustee, or estates where the decedent was not a California resident.

Foreign refers to non-U.S.

For more information about determining resident status, get FTB Pub. 1031, Guidelines for Determining Resident Status. Military servicemembers have special rules for residency. For more information, get FTB Pub. 1032, Tax Information for Military Personnel.

**Permanent Place of Business:**

A corporation has a permanent place of business in California if it is organized and existing under the laws of California or if it is a foreign corporation qualified to transact intrastate business by the CA SOS. A corporation that has not qualified to transact intrastate business (e.g., a corporation engaged exclusively in interstate commerce) will be considered as having a permanent place of business in California only if it maintains a permanent office in California that is permanently staffed by its employees.

### E Military Spouse Residency Relief Act (MSRRA)

Generally, for tax purposes you are considered to maintain your existing residence or domicile. If a military servicemember and nonmilitary spouse have the same state of domicile, the MSRRA provides:

- A spouse shall not be deemed to have lost a residence or domicile in any state solely by reason of being absent to be with the servicemember serving in compliance with military orders.
- A spouse shall not be deemed to have acquired a residence or domicile in any other state solely by reason of being there to be with the servicemember serving in compliance with military orders.

**Domicile** is defined as the one place:

- Where you maintain a true, fixed, and permanent home.
- To which you intend to return whenever you are absent.



A military servicemember's nonmilitary spouse is considered a nonresident for tax purposes if the servicemember and spouse have the same domicile outside of California and the spouse is in California solely to be with the servicemember who is serving in compliance with Permanent Change of Station orders.

California may require nonmilitary spouses of military servicemembers to provide proof that they meet the criteria for California personal income tax exemption as set forth in the MSRRRA.

Income of a military servicemember's nonmilitary spouse for services performed in California is not California source income subject to state tax if the spouse is in California to be with the servicemember serving in compliance with military orders, and the servicemember and spouse have the same domicile in a state other than California.

For additional information or assistance in determining whether the applicant meets the MSRRRA requirements, get FTB Pub. 1032.

## Specific Instructions

### Payee Instructions

Enter the withholding agent's name.

Enter the payee's information, including the taxpayer identification number (TIN) and check the appropriate TIN box.

You must provide an acceptable TIN as requested on this form. The following are acceptable TINs: social security number (SSN); individual taxpayer identification number (ITIN); federal employer identification number (FEIN); California corporation number (CA Corp no.); or CA SOS file number.

**Private Mail Box (PMB)** – Include the PMB in the address field. Write "PMB" first, then the box number. Example: 111 Main Street PMB 123.

**Foreign Address** – Enter the information in the following order: City, Country, Province/Region, and Postal Code. Follow the country's practice for entering the postal code. **Do not** abbreviate the country's name.

Check the box that reflects the reason why the payee is exempt from the California income tax withholding requirement.

### Withholding Agent Instructions

Keep Form 590 for your records. **Do not** send this form to the FTB unless it has been specifically requested.

For more information, contact Withholding Services and Compliance, see Additional Information.

The payee must notify the withholding agent if any of the following situations occur:

- The individual payee becomes a nonresident.
- The corporation ceases to have a permanent place of business in California or ceases to be qualified to do business in California.
- The partnership ceases to have a permanent place of business in California.
- The LLC ceases to have a permanent place of business in California.
- The tax-exempt entity loses its tax-exempt status.

If any of these situations occur, then withholding may be required. For more information, get Form 592, Resident and Nonresident Withholding Statement, Form 592-B, Resident and Nonresident Withholding Tax Statement, and Form 592-V, Payment Voucher for Resident and Nonresident Withholding.

## Additional Information

For additional information or to speak to a representative regarding this form, call the Withholding Services and Compliance telephone service at:

Telephone: **888.792.4900**

916.845.4900

Fax: 916.845.9512

OR write to:

WITHHOLDING SERVICES AND  
COMPLIANCE MS F182  
FRANCHISE TAX BOARD  
PO BOX 942867  
SACRAMENTO CA 94267-0651

You can download, view, and print California tax forms and publications at [ftb.ca.gov](http://ftb.ca.gov).

OR to get forms by mail write to:

TAX FORMS REQUEST UNIT  
FRANCHISE TAX BOARD  
PO BOX 307  
RANCHO CORDOVA CA 95741-0307

For all other questions unrelated to withholding or to access the TTY/TDD numbers, see the information below.

### Internet and Telephone Assistance

Website: [ftb.ca.gov](http://ftb.ca.gov)

Telephone: 800.852.5711 from within the United States

916.845.6500 from outside the United States

TTY/TDD: 800.822.6268 for persons with hearing or speech impairments

### Asistencia Por Internet y Teléfono

Sitio web: [ftb.ca.gov](http://ftb.ca.gov)

Teléfono: 800.852.5711 dentro de los Estados Unidos

916.845.6500 fuera de los Estados Unidos

TTY/TDD: 800.822.6268 personas con discapacidades auditivas y del habla

## **Certification Regarding Debarment, Suspension, and Other Responsibility Matters**

The prospective participant certifies to the best of its knowledge and belief that it and the principals:

- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
- (b) Have not within a three year period preceding this proposal been convicted of or had a civil judgement rendered against them or commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction: violation of Federal or State antitrust statute or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- (d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

I understand that a false statement on this certification may be grounds for rejection of this proposal or termination of the award. In addition, under 18 USC Sec. 1001, a false statement may result in a fine of up to \$10,000 or imprisonment for up to 5 years, or both.

---

Typed Name & Title of Authorized Representative

---

Signature of Authorized Representative Date

☐ I am unable to certify to the above statements. My explanation is attached.

---

EPA Form 5700-49 (11-88)



## CAMPAIGN CONTRIBUTIONS DISCLOSURE

In accordance with California law, bidders and contracting parties are required to disclose, at the time the application is filed, information relating to any campaign contributions made to South Coast Air Quality Management District (SCAQMD) Board Members or members/alternates of the MSRC, including: the name of the party making the contribution (which includes any parent, subsidiary or otherwise related business entity, as defined below), the amount of the contribution, and the date the contribution was made. 2 C.C.R. §18438.8(b).

California law prohibits a party, or an agent, from making campaign contributions to SCAQMD Governing Board Members or members/alternates of the Mobile Source Air Pollution Reduction Review Committee (MSRC) of more than \$250 while their contract or permit is pending before the SCAQMD; and further prohibits a campaign contribution from being made for three (3) months following the date of the final decision by the Governing Board or the MSRC on a donor's contract or permit. Gov't Code §84308(d). For purposes of reaching the \$250 limit, the campaign contributions of the bidder or contractor plus contributions by its parents, affiliates, and related companies of the contractor or bidder are added together. 2 C.C.R. §18438.5.

In addition, SCAQMD Board Members or members/alternates of the MSRC must abstain from voting on a contract or permit if they have received a campaign contribution from a party or participant to the proceeding, or agent, totaling more than \$250 in the 12-month period prior to the consideration of the item by the Governing Board or the MSRC. Gov't Code §84308(c).

The list of current SCAQMD Governing Board Members can be found at the SCAQMD website ([www.aqmd.gov](http://www.aqmd.gov)). The list of current MSRC members/alternates can be found at the MSRC website (<http://www.cleantransportationfunding.org>).

### **SECTION I.**

**Contractor (Legal Name):** \_\_\_\_\_

DBA, Name \_\_\_\_\_, County Filed in \_\_\_\_\_

Corporation, ID No. \_\_\_\_\_

LLC/LLP, ID No. \_\_\_\_\_

**List any parent, subsidiaries, or otherwise affiliated business entities of Contractor:**  
(See definition below).

\_\_\_\_\_  
\_\_\_\_\_

### **SECTION II.**

Has Contractor and/or any parent, subsidiary, or affiliated company, or agent thereof, made a campaign contribution(s) totaling \$250 or more in the aggregate to a current member of the South Coast Air Quality Management Governing Board or member/alternate of the MSRC in the 12 months preceding the date of execution of this disclosure?

☐ Yes    ☐ No    **If YES, complete Section II below and then sign and date the form.  
If NO, sign and date below. Include this form with your submittal.**

**Campaign Contributions Disclosure, *continued*:**

Name of Contributor \_\_\_\_\_

_____	_____	_____
Governing Board Member or MSRC Member/Alternate	Amount of Contribution	Date of Contribution

Name of Contributor \_\_\_\_\_

_____	_____	_____
Governing Board Member or MSRC Member/Alternate	Amount of Contribution	Date of Contribution

Name of Contributor \_\_\_\_\_

_____	_____	_____
Governing Board Member or MSRC Member/Alternate	Amount of Contribution	Date of Contribution

Name of Contributor \_\_\_\_\_

_____	_____	_____
Governing Board Member or MSRC Member/Alternate	Amount of Contribution	Date of Contribution

**I declare the foregoing disclosures to be true and correct.**

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**DEFINITIONS**

**Parent, Subsidiary, or Otherwise Related Business Entity (2 Cal. Code of Regs., §18703.1(d).)**

- (1) **Parent subsidiary.** A parent subsidiary relationship exists when one corporation directly or indirectly owns shares possessing more than 50 percent of the voting power of another corporation.
- (2) **Otherwise related business entity.** Business entities, including corporations, partnerships, joint ventures and any other organizations and enterprises operated for profit, which do not have a parent subsidiary relationship are otherwise related if any one of the following three tests is met:
  - (A) **One business entity has a controlling ownership interest in the other business entity.**
  - (B) **There is shared management and control between the entities. In determining whether there is shared management and control, consideration should be given to the following factors:**
    - (i) **The same person or substantially the same person owns and manages the two entities;**
    - (ii) **There are common or commingled funds or assets;**
    - (iii) **The business entities share the use of the same offices or employees, or otherwise share activities, resources or personnel on a regular basis;**
    - (iv) **There is otherwise a regular and close working relationship between the entities; or**
  - (C) **A controlling owner (50% or greater interest as a shareholder or as a general partner) in one entity also is a controlling owner in the other entity.**



# South Coast Air Quality Management District

21865 Copley Drive, Diamond Bar, CA 91765-4178

(909) 396-2000 • [www.aqmd.gov](http://www.aqmd.gov)

## Direct Deposit Authorization

### STEP 1: Please check all the appropriate boxes

- |  |  |
|--|--|
| <input type="checkbox"/> Individual (Employee, Governing Board Member) | <input type="checkbox"/> New Request           |
| <input type="checkbox"/> Vendor/Contractor                             | <input type="checkbox"/> Cancel Direct Deposit |
| <input type="checkbox"/> Changed Information                           |  |

### STEP 2: Payee Information

Last Name		First Name		Middle Initial	Title
Vendor/Contractor Business Name (if applicable)					
Address				Apartment or P.O. Box Number	
City		State	Zip	Country	
Taxpayer ID Number		Telephone Number		Email Address	

### Authorization

- I authorize South Coast Air Quality Management District (SCAQMD) to direct deposit funds to my account in the financial institution as indicated below. I understand that the authorization may be rejected or discontinued by SCAQMD at any time. If any of the above information changes, I will promptly complete a new authorization agreement. If the direct deposit is not stopped before closing an account, funds payable to me will be returned to SCAQMD for distribution. This will delay my payment.
- This authorization remains in effect until SCAQMD receives written notification of changes or cancellation from you.
- I hereby release and hold harmless SCAQMD for any claims or liability to pay for any losses or costs related to insufficient fund transactions that result from failure within the Automated Clearing House network to correctly and timely deposit monies into my account.

### STEP 3:

You must verify that your bank is a member of an Automated Clearing House (ACH). Failure to do so could delay the processing of your payment. You must attach a voided check or have your bank complete the bank information and the account holder must sign below.

### To be Completed by your Bank

Staple Voided Check Here	Name of Bank/Institution				
	Account Holder Name(s)				
	<input type="checkbox"/> Saving <input type="checkbox"/> Checking		Account Number	Routing Number	
	Bank Representative Printed Name		Bank Representative Signature		Date
	ACCOUNT HOLDER SIGNATURE:				Date

For SCAQMD Use Only

Input By \_\_\_\_\_

Date \_\_\_\_\_



Valid until June 3, 2015 at 1:00 PM

South Coast Air Quality Management District  
On-Road Heavy-Duty Vehicles New Purchase Application Form B – 1

**FORM B-1: ON-ROAD HEAVY-DUTY VEHICLE - NEW PURCHASE**

If you have any questions regarding this program or the application process, please contact **Ashkaan Nikravan** by phone at **(909) 396-3260** or by e-mail at: [anikravan@aqmd.gov](mailto:anikravan@aqmd.gov).

**For on-road heavy-duty vehicle new purchase projects, only vehicles with technologies that are certified at least 30 percent below the 0.20 NOx standard, such as electric vehicles, are eligible for CMP funding.**

Please complete one Form B-1 for each piece of equipment. For multiple unit requests, you may download the Form B-1 multiple-unit spreadsheet from [www.aqmd.gov/Moyer](http://www.aqmd.gov/Moyer) in lieu of filling out multiple B-1 forms.

**Part 1: Existing Vehicle Information**

Company name/ Organization name/ Individual name:	
Equipment Identifier (Company ID or Unit #):	
Is the vehicle location address the same as the applicant address? <input type="checkbox"/> Yes <input type="checkbox"/> NO (If not, please provide vehicle address below)	
Street Address:	
City:	
Zip Code:	
Vehicle type (Solid Waste Collection Vehicle, Stop-and-Go Street Sweeper, Urban Transit Bus, School Bus, Other Medium-Heavy Duty Vehicle (GVWR 14,001-33,000 lbs), Other Heavy-Heavy Duty Vehicle (GVWR >33,000 lbs), Other Transit Vehicle): _____	
Project Life (in years): _____ Equipment must operate for this full life; this life is equivalent to the contract and the reporting term.	
Vehicle Make:	Vehicle GVWR:
Vehicle Model:	Is this a public fleet vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle Model Year:	Registered Owner:
Department of Transportation Number (if interstate):	
California Highway Patrol CA Number (if applicable):	
Projected Year of New Vehicle Purchase:	



## **Part 2. Fleet Rule Status**

CARB rules and regulations listed below severely limit, and in some cases eliminate, funding opportunities for certain vehicle types. In order to ensure eligibility, please confirm your project provides emission reductions that are *surplus* to CARB regulatory requirements by contacting SCAQMD's Project Officer for this category, Ashkaan Nikravan by phone at (909) 396-3260 or by e-mail at: [anikravan@aqmd.gov](mailto:anikravan@aqmd.gov).

ARB Rule Applicability (Check One):

- ☐ Fleet Rule for Transit Agencies (Urban Buses & Transit Fleet Vehicles)
- ☐ SWCV Rule (Solid Waste Collection Vehicles, Excluding Transfer Trucks)
- ☐ Fleet Rule for Public Agencies & Utilities (Municipal & Utility Vehicles)
- ☐ Port Truck Regulation (Port & Drayage Trucks)
- ☐ On-Road Private Truck and Bus Regulation (All diesel or alternative diesel – fueled vehicles with a GVWR > 14,000 lbs operating in CA) **IF CHECKED PLEASE COMPLETE SECTION 3.**
- ☐ None. Project is exempt from CARB Rules (supporting documentation validating exemption from any CARB rule is attached).

Is supporting documentation demonstrating compliance with the applicable CARB rule included in this application? ☐ Yes ☐ No

**(Applications submitted without supporting documentation that demonstrates an applicant's current fleet compliance status will be deemed incomplete).**

## **Part 3. Existing Vehicle Compliance Applicability – Private Fleets Only**

What is the GVWR for this vehicle?

- ☐ 8,501 to 14,000\*
- ☐ 14,001 to 26,000
- ☐ 26,001 or greater

What is your current fleet size? (Should reflect all diesel fuel vehicles with a GVWR greater than 14,000 lbs.) \_\_\_\_\_

If applicable did you register your fleet through ARB's TRUCRS Database by January 31, 2015?

- ☐ Yes, please provide a copy of the Compliance Certificate from the TRUCRS Database.
- ☐ No

\*Note: On-road heavy-duty diesel vehicles with this GVWR range will be considered for CMP funding on a case-by-case basis.

**Part 4. Activity Information**

Please provide projected annual usage for the new equipment over the proposed life of the project. This projection should be based on actual usage data for the baseline, or existing, equipment. Applicants requesting evaluation based on fuel consumption **MUST** provide *both* mileage and fuel records from the past 24 months. Supporting documentation may be in the form of maintenance records, fuel receipts, logs, or other paperwork for each piece of baseline equipment covering at least the past 24 months. No such documentation is required for project evaluations based solely on mileage.

Total Annual Miles Traveled: \_\_\_\_\_ **or** Gallons of Fuel Used: \_\_\_\_\_

Percent Operation within CA: \_\_\_\_\_%

Percent Operation within District: \_\_\_\_\_%

**Part 5. New Vehicle's Engine Information**

ARB Certification Executive Order (EO) Number: \_\_\_\_\_

NOTE: The proposed engine for the project must be consistent with the **Intended Service Class** per the EO (MHD Intended Service Class engines **cannot** be used for projects which have the HHD vehicle classifications). Applicant **must ATTACH a copy** of the referenced Executive Order with the application. Download the EO at: <http://www.arb.ca.gov/msprog/onroad/cert/cert.php>

Propulsion System Engine Make: _____	Propulsion System Engine Model Year: _____
Propulsion System Engine Model: _____	Fuel Type (Fuel Cell, Battery, etc.) : _____
Engine Family: _____	

**Part 6. Funding Information**

New Vehicle Cost (including tax): \$ \_\_\_\_\_

Note: You **MUST** attach a written estimate from the equipment vendor documenting the cost of the new vehicle; this quote must be obtained within 90 days prior to the closing date of the Program Announcement.

Applicant Grant Request per unit: \$ \_\_\_\_\_

New Equipment Vendor (name, address and phone): \_\_\_\_\_





## FORM B-2: ON-ROAD HEAVY-DUTY VEHICLE - REPOWER

If you have any questions regarding this program or the application process, please contact **Ashkaan Nikravan** by phone at **(909) 396-3260** or by e-mail at: [anikravan@aqmd.gov](mailto:anikravan@aqmd.gov).

**For On-Road vehicle repower projects, only alternative fuel engines that provide at least a 15 percent NOx reduction are eligible for funding, with the single exception of emergency vehicles and equipment (use Form B-3).**

Please complete one Form B-2 for each piece of equipment. For multiple unit requests, you may download the Form B-2 multiple-unit spreadsheet from [www.aqmd.gov/Moyer](http://www.aqmd.gov/Moyer) in lieu of filling out multiple B-2 forms.

### Part 1: Existing Vehicle Information

Company name/ Organization name/ Individual name:	
Equipment Identifier (Company ID or Unit #):	
Is the vehicle location address the same as the applicant address? <input type="checkbox"/> Yes <input type="checkbox"/> No, (please provide vehicle address below)	
Street Address:	
City:	
Zip Code:	
Vehicle type (Solid Waste Collection Vehicle, Stop-and-Go Street Sweeper, School Bus, Other Medium-Heavy Duty Vehicle (GVWR 14,001-25,999 lbs), Other Heavy-Heavy Duty Vehicle):	
Project Life: _____ years. Equipment must operate for this full life; this life is equivalent to the contract and the reporting term.	
Vehicle Identification Number (VIN):	
Vehicle License Plate:	
Vehicle Make:	Vehicle GVWR:
Vehicle Model:	Is this a public fleet vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle Model Year:	Registered Owner:
Department of Transportation Number (if interstate):	
California Highway Patrol CA Number (if applicable):	
Projected Year of Repower Completion:	



## Part 2. Fleet Rule Status

### ARB Rule Applicability (Check One):

NOTE: The CARB rules listed below severely limit, and in some cases eliminate, funding opportunities for certain vehicle types. In order to ensure eligibility, Please confirm your project provides emission reductions that are *surplus* to CARB regulatory requirements by contacting SCAQMD staff as indicated in Program Announcement #PA2015-07.

- ☐ Fleet Rule for Transit Agencies (Urban Buses & Transit Fleet Vehicles)
- ☐ SWCV Rule (Solid Waste Collection Vehicles, Excluding Transfer Trucks)
- ☐ Fleet Rule for Public Agencies & Utilities (Municipal & Utility Vehicles)
- ☐ Port Truck Regulation (Port & Drayage Trucks)
- ☐ On-Road Private Truck and Bus Regulation (All diesel or alternative diesel – fueled vehicles with a GVWR > 14,000 lbs operating in CA) **IF CHECKED PLEASE COMPLETE**

### SECTION 3.

- ☐ None. Project is exempt from CARB Rules/Regulations (supporting documentation validating exemption from any CARB rule is attached)

Is supporting documentation demonstrating compliance with the applicable CARB rule included in this application? ☐ Yes ☐ No

**(Applications submitted without supporting documentation that demonstrates an applicant's current fleet compliance status will be deemed incomplete).**

## Part 3. Existing Vehicle Compliance Applicability – Private Fleets Only

What is the GVWR for this vehicle? ☐ 8,501 to 14,000\*  
☐ 14,001 to 26,000  
☐ 26,001 or greater

\*Note: On-road heavy-duty diesel vehicles with this GVWR range will be considered for CMP funding on a case-by-case basis.

What is your current fleet size? (Should reflect all diesel fuel vehicles with a GVWR greater than 14,000 lbs.) \_\_\_\_\_

If applicable did you register your fleet through ARB's TRUCRS Database by January 31, 2015?

☐ Yes, please provide a copy of the Compliance Certificate from the TRUCRS Database. ☐ No

## Part 4. Activity Information

Please provide projected annual usage for the new engine over the proposed life of the project. This projection should be based on actual usage data for the baseline, or existing, vehicle/engine. Applicants requesting evaluation based on fuel consumption **MUST** provide *both* mileage and fuel records from the past 24 months. Supporting documentation may be in the form of maintenance records, fuel receipts, logs, or other paperwork for each piece of baseline equipment covering at least the past 24 months. No such documentation is required for project evaluations based solely on mileage.

Total Annual Miles Traveled: \_\_\_\_\_ **or** Gallons of Fuel Used: \_\_\_\_\_

Percent Operation within CA: \_\_\_\_\_%

Percent Operation within District: \_\_\_\_\_%



### **Part 5. Baseline Engine Information**

Fuel Type:	Engine Year:
Engine Make:	Engine Serial No.:
Engine Model:	Engine Family:
ARB Certification Executive Order (EO) Number: _____	
Download the EO at: <a href="http://www.arb.ca.gov/msprog/onroad/cert/cert.php">http://www.arb.ca.gov/msprog/onroad/cert/cert.php</a>	

### **Part 6. New Reduced-Emission Engine Information**

Fuel Type:	Engine Year: _____
Engine Make: _____	Engine Family:
Engine Model: _____	Engine Horse Power:
ARB Certification Executive Order (EO) Number: _____	
<p>NOTE: The proposed engine for the project must be consistent with the Intended Service Class per the EO (MHD Intended Service Class engines cannot be used for projects which have the HHD vehicle classifications). Applicant must ATTACH a copy of the referenced Executive Order with the application. Download the EO at: <a href="http://www.arb.ca.gov/msprog/onroad/cert/cert.php">http://www.arb.ca.gov/msprog/onroad/cert/cert.php</a></p>	

### **Part 7. Funding Information**

Note: You <b>MUST</b> attach a written estimate from the equipment vendor documenting the cost of the new equipment; this quote must be obtained within 90 days prior to the closing date of the Program Announcement.	
New Engine Cost:	
New Engine Installation Cost:	
Engine Core Charge (optional):	
Grant Request: \$	
New Engine Vendor:	
New Engine Installer:	



### FORM B-3: EMERGENCY VEHICLES (FIRE APPARATUS)

Eligible Emergency Vehicle (Fire Apparatus) projects are those in which a new or used replacement vehicle with an engine meeting the current model year California emission standard replaces an older, more polluting fire apparatus. The older, replaced vehicle must be destroyed. A fire truck reuse option is also available, which is also known as a “2 for 1 replacement”. The fire truck reuse option allows fire departments to give away the existing old vehicle and destroy another older vehicle in its place.

If you have any questions regarding this program or the application process, please contact **Ashkaan Nikravan** by phone at **(909) 396-3260** or by e-mail at: [anikravan@aqmd.gov](mailto:anikravan@aqmd.gov).

Please complete one Form B-3 for each piece of equipment. For multiple unit requests, you may download the Form B-3 multiple-unit spreadsheet from [www.aqmd.gov/Moyer](http://www.aqmd.gov/Moyer) in lieu of filling out multiple B-3 forms.

#### **Part 1a: Existing Vehicle Information**

Company name/ Organization name/ Individual name:	
Equipment Identifier (Company ID or Unit #):	
Is the vehicle location address the same as the applicant address? <input type="checkbox"/> Yes <input type="checkbox"/> No, (please provide vehicle address below)	
Street Address:	
City:	Zip Code:
Vehicle type (Solid Waste Collection Vehicle, Stop-and-Go Street Sweeper, School Bus, Other Medium-Heavy Duty Vehicle (GVWR 14,001-25,999 lbs), Other Heavy-Heavy Duty Vehicle):	
Project Life: ____ years. Equipment must operate for this full life; this life is equivalent to the contract and the reporting term.	
Vehicle Identification Number (VIN):	
Vehicle License Plate:	
Vehicle Make:	Vehicle GVWR:
Vehicle Model:	Is this a public fleet vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle Model Year:	Registered Owner:
Department of Transportation Number (if interstate):	
California Highway Patrol CA Number (if applicable):	
I have attached proof of California registration for the past 24-months and a copy of the Title, proving ownership (without lien holder) for each project vehicle. YES NO (circle one) (if not, why not?_____)	



**Part 1b: 2<sup>nd</sup> Existing Vehicle Information (only required if proposing a “2 for 1” Replacement Project)**

Company name/ Organization name/ Individual name:	
Equipment Identifier (Company ID or Unit #):	
Is the vehicle location address the same as the applicant address? <input type="checkbox"/> Yes <input type="checkbox"/> No, (please provide vehicle address below)	
Street Address:	
City:	
Zip Code:	
Vehicle type (Solid Waste Collection Vehicle, Stop-and-Go Street Sweeper, School Bus, Other Medium-Heavy Duty Vehicle (GVWR 14,001-25,999 lbs), Other Heavy-Heavy Duty Vehicle):	
Project Life: _____ years. Equipment must operate for this full life; this life is equivalent to the contract and the reporting term.	
Vehicle Identification Number (VIN):	
Vehicle License Plate:	
Vehicle Make:	Vehicle GVWR:
Vehicle Model:	Is this a public fleet vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle Model Year:	Registered Owner:
Department of Transportation Number (if interstate):	
California Highway Patrol CA Number (if applicable):	
Projected Year of Repower Completion:	

**Part 2. CARB Fleet Rule Self-Certification Statement**

**This is to certify that the project vehicle(s) being submitted for funding under this category are exempt from ARB Regulations based on the fact that they are classified as authorized emergency vehicle as described under California Vehicle Code Sections 27156.2 and 165.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Part 3. Activity Information**

Please provide projected annual usage for the new equipment over the proposed life of the project. This projection should be based on actual usage data for the baseline, or existing, equipment. Applicants requesting evaluation based on fuel consumption **MUST** provide *both* mileage and fuel records from the past 24 months. Supporting documentation may be in the form of maintenance records, fuel receipts, logs, or other paperwork for each piece of baseline equipment covering at least the past 24 months. No such documentation is required for project evaluations based solely on mileage.

Total Annual Miles Traveled: \_\_\_\_\_ **or** Gallons of Fuel Used: \_\_\_\_\_

Percent Operation within CA: \_\_\_\_\_%

Percent Operation within District: \_\_\_\_\_%

**Part 4. Baseline Engine Information**

Fuel Type:	Engine Year:
Engine Make:	Engine Serial No.:
Engine Model:	Engine Family:
ARB Certification Executive Order (EO) Number: _____	
Download the EO at: <a href="http://www.arb.ca.gov/msprog/onroad/cert/cert.php">http://www.arb.ca.gov/msprog/onroad/cert/cert.php</a>	

**Part 5. New Reduced-Emission Engine Information**

Fuel Type:	Engine Year: _____
Engine Make: _____	Engine Family:
Engine Model: _____	Engine Horse Power:
ARB Certification Executive Order (EO) Number: _____	
<b>The proposed engine for the project must be consistent with the Intended Service Class per the EO (MHD Intended Service Class engines cannot be used for projects which have the HHD vehicle classifications). Applicant must ATTACH a copy of the referenced Executive Order with the application.</b> Download the EO at: <a href="http://www.arb.ca.gov/msprog/onroad/cert/cert.php">http://www.arb.ca.gov/msprog/onroad/cert/cert.php</a>	



Valid until June 3, 2015 at 1:00 PM

South Coast Air Quality Management District  
Emergency Vehicles (Fire Apparatus) Application Form B-3

## **Part 6. Funding Information**

Note: You **MUST** attach a written estimate from the equipment vendor documenting the cost of the new equipment; this quote must be obtained within 90 days prior to the closing date of the Program Announcement.

New Engine Cost:

New Engine Installation Cost:

Engine Core Charge (optional):

Grant Request: \$

New Engine Vendor:

New Engine Installer:



## FORM C-1: OFF-ROAD EQUIPMENT REPLACEMENT

If you have any questions regarding this program or the application process, please contact **Frank Motavassel** by phone at (909) 396-2152 or by e-mail at: [fmotavassel@aqmd.gov](mailto:fmotavassel@aqmd.gov).

Note that projects approved for Large Off-Road Fleets must be in operation no later than October 31, 2016.

Please complete one Form C-1 for each piece of equipment. For multiple unit requests, you may download the Form C-1 multiple-unit spreadsheet from [www.aqmd.gov/Moyer](http://www.aqmd.gov/Moyer) in lieu of filling out multiple C-1 forms.

### Part 1: Existing Equipment Information (Baseline)

Company name/ Organization name/ Individual name:	
Is equipment currently subject to CARB's Off-Road Regulation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Off-road equipment applicants subject to CARB's In-Use Off-Road Diesel Vehicle Regulation must submit their DOORS fleet compliance snapshot and vehicle list. You may contact the DOORS hotline at (877) 593-6677 for assistance.	
Baseline Equipment Identifier (Company ID or Unit #):	
What is the primary function of this equipment?	
Has this equipment received Carl Moyer Program funds in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the vehicle location address the same as the applicant address? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "No", please provide vehicle address here:	
Is existing equipment in operable condition?	
How long has applicant owned the existing piece of equipment?	
Baseline Equipment Type (e.g. tractor, scraper, roller, loader, etc.):	
Number of Main/Front Engines on this Unit?	
Number of Auxiliary/Rear Engines on this Unit?	
Baseline Equipment Serial Number:	
Baseline Equipment Make & Model: Make:	Model:
Baseline Equipment Model Year:	
Is 2 for 1 Replacement Applied? YES or NO (circle one)	
Is this vehicle used in Agricultural operation? YES or NO (circle one)	
If Yes, What percent of the time of the equipment used in Agricultural operations? _____%	
Does the existing equipment have a functioning, non- resettable hour meter?	
Proposed Project Life (same as contract term/how long you must operate equipment): _____ years	





**Part 2: Existing (baseline) Engine Information (one section for each engine)**

Engine Type: <input type="checkbox"/> Main (Front) <b>-OR-</b> <input type="checkbox"/> Auxiliary (Rear) # <u>    </u> of <u>    </u>	
Fuel Type:	Baseline Engine Make:
Baseline Engine Model:	Baseline Engine Year:
Engine Serial No.:	Baseline Engine Horsepower:
Baseline Engine Tier:	Baseline Engine Family:
Annual activity in units of hour per year: <u>          </u> (hr/yr) Note: Annual gallons may not be used to document activity unless the fuel tank is dedicated for the use of this single unit.	
Engine Type: <input type="checkbox"/> Main (Front) <b>-OR-</b> <input type="checkbox"/> Auxiliary (Rear) # <u>    </u> of <u>    </u>	
Fuel Type:	Baseline Engine Make:
Baseline Engine Model:	Baseline Engine Year:
Engine Serial No.:	Baseline Engine Horsepower:
Baseline Engine Tier:	Baseline Engine Family:
Annual activity in units of hour per year: <u>          </u> (hr/yr) Note: Annual gallons may not be used to document activity unless the fuel tank is dedicated for the use of this single unit.	
Engine Type: <input type="checkbox"/> Main (Front) <b>-OR-</b> <input type="checkbox"/> Auxiliary (Rear) # <u>    </u> of <u>    </u>	
Fuel Type:	Baseline Engine Make:
Baseline Engine Model:	Baseline Engine Year:
Engine Serial No.:	Baseline Engine Horsepower:
Baseline Engine Tier:	Baseline Engine Family:
Annual activity in units of hour per year: <u>          </u> (hr/yr) Note: Annual gallons may not be used to document activity unless the fuel tank is dedicated for the use of this single unit.	
Engine Type: <input type="checkbox"/> Main (Front) <b>-OR-</b> <input type="checkbox"/> Auxiliary (Rear) # <u>    </u> of <u>    </u>	
Fuel Type:	Baseline Engine Make:
Baseline Engine Model:	Baseline Engine Year:
Engine Serial No.:	Baseline Engine Horsepower:
Baseline Engine Tier:	Baseline Engine Family:
Annual activity in units of hour per year: <u>          </u> (hr/yr) Note: Annual gallons may not be used to document activity unless the fuel tank is dedicated for the use of this single unit.	



### **Part 3: New Equipment Information**

New Equipment Type (e.g. tractor, scraper, roller, loader, etc.):
New Equipment Make:
New Equipment Model: Equipment
New Equipment Model Year:
# of Main/Front Engines:
# of Auxiliary/Rear Engines:
Percent Operation in California:
Percent Operation within the South Coast Air Quality Management District (%):

### **Part 4: New Equipment Vendor Information**

Name and location of dealership assisting with this equipment:
Equipment Vendor Contact:
Equipment Vendor Phone:

### **Part 5: New Engine Information (one section for each engine)**

Engine Type: <input type="checkbox"/> Main (Front) <b>-OR-</b> <input type="checkbox"/> Auxiliary (Rear) # <u>    </u> of <u>    </u>	
Fuel Type:	New Engine Make:
New Engine Model:	New Engine Year:
Engine Serial No.:	New Engine Horsepower:
New Engine Tier:	New Engine Family:
Annual activity in units of hour per year: _____ (hr/yr) Note: Annual gallons may not be used to document activity unless the fuel tank is dedicated for the use of this single unit.	
Engine Type: <input type="checkbox"/> Main (Front) <b>-OR-</b> <input type="checkbox"/> Auxiliary (Rear) # <u>    </u> of <u>    </u>	
Fuel Type:	New Engine Make:
New Engine Model:	New Engine Year:
Engine Serial No.:	New Engine Horsepower:
New Engine Tier:	New Engine Family:
Annual activity in units of hour per year: _____ (hr/yr) Note: Annual gallons may not be used to document activity unless the fuel tank is dedicated for the use of this single unit.	



**Part 5: New Engine Information (1 section for each engine), cont'd.**

Engine Type: <input type="checkbox"/> Main (Front) <b>-OR-</b> <input type="checkbox"/> Auxiliary (Rear) # <u>    </u> of <u>    </u>	
Fuel Type:	New Engine Make:
New Engine Model:	New Engine Year:
Engine Serial No.:	New Engine Horsepower:
New Engine Tier:	New Engine Family:
Annual activity in units of hour per year: _____ (hr/yr) Note: Annual gallons may not be used to document activity unless the fuel tank is dedicated for the use of this single unit.	
Engine Type: <input type="checkbox"/> Main (Front) <b>-OR-</b> <input type="checkbox"/> Auxiliary (Rear) # <u>    </u> of <u>    </u>	
Fuel Type:	New Engine Make:
New Engine Model:	New Engine Year:
Engine Serial No.:	New Engine Horsepower:
New Engine Tier:	New Engine Family:
Annual activity in units of hour per year: _____ (hr/yr) Note: Annual gallons may not be used to document activity unless the fuel tank is dedicated for the use of this single unit.	

**Part 6: Funding/Cost Information for this Repower Project**

You **MUST** attach a written estimate from the equipment vendor documenting the cost of the device; this quote must be obtained within 90 days prior to the closing date of the Program Announcement.

Number of engines for this Unit? Main (Front) Engine(s): _____ Auxiliary (Rear) Engine(s): _____
<b>New Replacement Unit Cost:</b> \$ _____
<b>Tax:</b> \$ _____
<b>Total Cost:</b> \$ _____
Applicant Co-Funding Amount (if any): \$ _____
Applicant Grant Request Amount: \$ _____



**FORM C-2: OFF-ROAD EQUIPMENT REPOWER & RETROFIT**  
**(use form C-3 for Retrofit-Only projects)**

**All off-road repower projects must include installation of the highest level CARB-verified retrofit device if one is available.** Repower projects are not disqualified from participation in the Carl Moyer Program if retrofit devices are not available, technically infeasible or unsafe. If installation of a retrofit device is infeasible or unsafe you **MUST** attach documentation in accordance with CARB requirements, as summarized at: <http://www.arb.ca.gov/msprog/ordiesel/vdecssafety.htm>.

If you have any questions regarding this program or the application process, please contact **Frank Motavassel** by phone at **(909) 396-2152** or by e-mail at: [fmotavassel@aqmd.gov](mailto:fmotavassel@aqmd.gov).

Note that projects approved for Large Off-Road Fleets must be in operation no later than October 31, 2016. Please complete one Form C-2 for each piece of equipment. For multiple unit requests, you may download the Form C-2 multiple-unit spreadsheet from [www.aqmd.gov/Moyer](http://www.aqmd.gov/Moyer) in lieu of filling out multiple C-2 forms.

**Part 1: Equipment Information**

Company name/ Organization name/ Individual name:	
Is equipment currently subject to CARB's Off-Road Regulation? <input type="checkbox"/> Yes <input type="checkbox"/> No Off-road equipment applicants subject to CARB's In-Use Off-Road Diesel Vehicle Regulation must submit their DOORS fleet compliance snapshot and vehicle list. You may contact the DOORS hotline at (877) 593-6677 for assistance.	
Baseline Equipment Identifier (Company ID or Unit #):	
What is the primary function of this equipment?	
Has this equipment received Carl Moyer Program funds in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the vehicle location address the same as the applicant address? <input type="checkbox"/> Yes <input type="checkbox"/> No. If "No", provide vehicle address here:	
Is existing equipment in operable condition?	
How long has applicant owned the existing piece of equipment?	
Equipment Type (e.g. tractor, scraper, roller, loader, etc.):	
Number of Main Engines on this Unit?	
Number of Auxiliary Engines on this Unit?	
Equipment Serial Number or VIN:	
Baseline Equipment Make & Model: Make:	Model:
Equipment Model Year:	
Is this vehicle used in Agricultural operation? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, What percent of the time of the equipment used in Agricultural operations? _____%	
Does the existing equipment have a functioning, non- resettable hour meter? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Proposed Project Life (same as contract term/how long you must operate equipment): _____ years	

**Part 2: Existing Engine Information (one section for each engine)**

Method proposed for rendering the baseline engine(s) inoperable:	
Engine Type: <input type="checkbox"/> Main (Front) <b>-OR-</b> <input type="checkbox"/> Auxiliary (Rear) # <u>    </u> of <u>    </u>	
Fuel Type:	Baseline Engine Make:
Baseline Engine Model:	Baseline Engine Year:
Engine Serial No.:	Baseline Engine Horsepower:
Baseline Engine Tier:	Baseline Engine Family:
Annual activity in units of hour per year: _____ (hr/yr) Note: Annual gallons may not be used to document activity unless the fuel tank is dedicated for the use of this single unit.	
Engine Type: <input type="checkbox"/> Main (Front) <b>-OR-</b> <input type="checkbox"/> Auxiliary (Rear) # <u>    </u> of <u>    </u>	
Fuel Type:	Baseline Engine Make:
Baseline Engine Model:	Baseline Engine Year:
Engine Serial No.:	Baseline Engine Horsepower:
Baseline Engine Tier:	Baseline Engine Family:
Annual activity in units of hour per year: _____ (hr/yr) Note: Annual gallons may not be used to document activity unless the fuel tank is dedicated for the use of this single unit.	
Engine Type: <input type="checkbox"/> Main (Front) <b>-OR-</b> <input type="checkbox"/> Auxiliary (Rear) # <u>    </u> of <u>    </u>	
Fuel Type:	Baseline Engine Make:
Baseline Engine Model:	Baseline Engine Year:
Engine Serial No.:	Baseline Engine Horsepower:
Baseline Engine Tier:	Baseline Engine Family:
Annual activity in units of hour per year: _____ (hr/yr) Note: Annual gallons may not be used to document activity unless the fuel tank is dedicated for the use of this single unit.	
Engine Type: <input type="checkbox"/> Main (Front) <b>-OR-</b> <input type="checkbox"/> Auxiliary (Rear) # <u>    </u> of <u>    </u>	
Fuel Type:	Baseline Engine Make:
Baseline Engine Model:	Baseline Engine Year:
Engine Serial No.:	Baseline Engine Horsepower:
Baseline Engine Tier:	Baseline Engine Family:
Annual activity in units of hour per year: _____ (hr/yr) Note: Annual gallons may not be used to document activity unless the fuel tank is dedicated for the use of this single unit.	



**Part 3: New Engine Information (one section for each engine)**

Engine Type: <input type="checkbox"/> Main (Front) <b>-OR-</b> <input type="checkbox"/> Auxiliary (Rear) # <u>    </u> of <u>    </u>	
Fuel Type:	Baseline Engine Make:
Baseline Engine Model:	Baseline Engine Year:
Engine Serial No.:	Baseline Engine Horsepower:
Baseline Engine Tier:	Baseline Engine Family:
Annual activity in units of hour per year: _____ (hr/yr) Note: Annual gallons may not be used to document activity unless the fuel tank is dedicated for the use of this single unit.	
Engine Type: <input type="checkbox"/> Main (Front) <b>-OR-</b> <input type="checkbox"/> Auxiliary (Rear) # <u>    </u> of <u>    </u>	
Fuel Type:	Baseline Engine Make:
Baseline Engine Model:	Baseline Engine Year:
Engine Serial No.:	Baseline Engine Horsepower:
Baseline Engine Tier:	Baseline Engine Family:
Annual activity in units of hour per year: _____ (hr/yr) Note: Annual gallons may not be used to document activity unless the fuel tank is dedicated for the use of this single unit.	
Engine Type: <input type="checkbox"/> Main (Front) <b>-OR-</b> <input type="checkbox"/> Auxiliary (Rear) # <u>    </u> of <u>    </u>	
Fuel Type:	Baseline Engine Make:
Baseline Engine Model:	Baseline Engine Year:
Engine Serial No.:	Baseline Engine Horsepower:
Baseline Engine Tier:	Baseline Engine Family:
Annual activity in units of hour per year: _____ (hr/yr) Note: Annual gallons may not be used to document activity unless the fuel tank is dedicated for the use of this single unit.	
Engine Type: <input type="checkbox"/> Main (Front) <b>-OR-</b> <input type="checkbox"/> Auxiliary (Rear) # <u>    </u> of <u>    </u>	
Fuel Type:	Baseline Engine Make:
Baseline Engine Model:	Baseline Engine Year:
Engine Serial No.:	Baseline Engine Horsepower:
Baseline Engine Tier:	Baseline Engine Family:
Annual activity in units of hour per year: _____ (hr/yr) Note: Annual gallons may not be used to document activity unless the fuel tank is dedicated for the use of this single unit.	



#### **Part 4: New Engine Vendor Information**

Name and location of dealership assisting with this equipment:
Equipment Vendor Contact:
Equipment Vendor Phone:

#### **Part 5: Retrofit Information (applicable to Repower projects)**

You **MUST** attach a copy of the CARB Executive Order for the retrofit device and indicate (circle) on the Executive Order Attachment the engine family name for the engine on which the device will be installed. Download the EO at: <http://www.arb.ca.gov/diesel/cv.htm>

**NOTE:** Off-road retrofits must include installation of the highest level CARB-verified retrofit device.

On which repowered engine will this device be installed? <input type="checkbox"/> Main (Front) # ____ of ____ <input type="checkbox"/> Auxiliary (Rear) # ____ of ____	
Retrofit Device CARB Executive Order Number:	
Retrofit Device Make:	Verified NOx Reduction: %
Retrofit Device Model:	Verified PM Reduction: %
Retrofit Family Name:	Verified ROG Reduction: %
Verification Level:	Retrofit Device Serial No.
On which repowered engine will this device be installed? <input type="checkbox"/> Main (Front) # ____ of ____ <input type="checkbox"/> Auxiliary (Rear) # ____ of ____	
Retrofit Device CARB Executive Order Number:	
Retrofit Device Make:	Verified NOx Reduction: %
Retrofit Device Model:	Verified PM Reduction: %
Retrofit Family Name:	Verified ROG Reduction: %
Verification Level:	Retrofit Device Serial No.





### **Part 6a: Funding/Cost Information for Engine Repower**

You **MUST** attach a written estimate from the equipment vendor documenting the cost of the device; this quote must be obtained within 90 days prior to the closing date of the Program Announcement.

Engine Type? Main (Front) Engine(s): _____ Auxiliary (Rear) Engine(s): _____
<b>New Engine Unit Cost:</b> \$ _____ <b>(Quantity of this Engine Type:</b> _____ <b>)</b>
<b>Tax:</b> \$ _____
<b>Installation Cost:</b> \$ _____
<b>Total Repower Cost:</b> \$ _____
Applicant Co-Funding Amount (if any): \$
Grant Request Amount for this Repower: \$
Engine Type? Main (Front) Engine(s): _____ Auxiliary (Rear) Engine(s): _____
<b>New Engine Unit Cost:</b> \$ _____ <b>(Quantity of this Engine Type:</b> _____ <b>)</b>
<b>Tax:</b> \$ _____
<b>Installation Cost:</b> \$ _____
<b>Total Repower Cost:</b> \$ _____
Applicant Co-Funding Amount (if any): \$
Grant Request Amount for Repower: \$



### **Part 6b: Funding/Cost Information for Engine Retrofits**

You **MUST** attach a written estimate from the equipment vendor documenting the cost of the device; this quote must be obtained within 90 days prior to the closing date of the Program Announcement. The data-logging cost of a retrofit project cannot be included in the eligible project cost.

On which repowered engine will this device be installed? <input type="checkbox"/> Main (Front) # <u>    of    </u> <input type="checkbox"/> Auxiliary (Rear) # <u>    of    </u>
Retrofit Device Unit Cost: \$  Tax: \$  Installation Cost: \$  Maintenance Cost: \$ (if grant funding assistance is requested)  Total Retrofit Cost: \$
Retrofit Device Vendor and Installer:
Grant Request for Retrofit: \$

On which repowered engine will this device be installed? <input type="checkbox"/> Main (Front) # <u>    of    </u> <input type="checkbox"/> Auxiliary (Rear) # <u>    of    </u>
Retrofit Device Unit Cost: \$  Tax: \$  Installation Cost: \$  Maintenance Cost: \$ (if grant funding assistance is requested)  Total Retrofit Cost: \$
Retrofit Device Vendor and Installer:
Grant Request for Retrofit: \$

### **Part 6c: Total Project Costs and Grant Request for full Project**

Total Project Cost (Repower(s) + Retrofit(s)):
Total Grant Request (Repower(s) + Retrofit(s)):



### FORM C-3: OFF-ROAD EQUIPMENT RETROFIT

If you have any questions regarding this program or the application process, please contact **Frank Motavassel** by phone at **(909) 396-2152** or by e-mail at: [fmotavassel@aqmd.gov](mailto:fmotavassel@aqmd.gov).

Note that projects approved for Large Off-Road Fleets must be in operation no later than October 31, 2016.

Please complete one Form C-3 for each piece of equipment. For multiple unit requests, you may download the Form C-3 multiple-unit spreadsheet from [www.aqmd.gov/Moyer](http://www.aqmd.gov/Moyer) in lieu of filling out multiple C-3 forms.

#### **Part 1: Equipment Information**

Company name/ Organization name/ Individual name:	
Is equipment currently subject to CARB's Off-Road Regulation? <input type="checkbox"/> Yes <input type="checkbox"/> No Off-road equipment applicants subject to CARB's In-Use Off-Road Diesel Vehicle Regulation must submit their DOORS fleet compliance snapshot and vehicle list. You may contact the DOORS hotline at (877) 593-6677 for assistance.	
Baseline Equipment Identifier (Company ID or Unit #):	
What is the primary function of this equipment?	
Has this equipment received Carl Moyer Program funds in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the vehicle location address the same as the applicant address? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", provide vehicle address here:	
Is existing equipment in operable condition?	
How long has applicant owned the existing piece of equipment?	
Equipment Type (e.g. tractor, scraper, roller, loader, etc.):	
Number of Main Engines on this Unit?	
Number of Auxiliary Engines on this Unit?	
Equipment Serial Number or VIN:	
Baseline Equipment Make & Model: Make:	Model:
Equipment Model Year:	
Is this vehicle used in Agricultural operation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, What percent of the time of the equipment used in Agricultural operations? _____%	
Does the existing equipment have a functioning, non- resettable hour meter?	
Proposed Project Life (same as contract term/how long you must operate equipment): _____ years	

**Part 2: Existing Engine Information (one section for each engine)**

Method proposed for rendering the baseline engine(s) inoperable:	
Engine Type: <input type="checkbox"/> Main (Front) <b>-OR-</b> <input type="checkbox"/> Auxiliary (Rear) # <u>    </u> of <u>    </u>	
Fuel Type:	Baseline Engine Make:
Baseline Engine Model:	Baseline Engine Year:
Engine Serial No.:	Baseline Engine Horsepower:
Baseline Engine Tier:	Baseline Engine Family:
Annual activity in units of hour per year: _____ (hr/yr) Note: Annual gallons may not be used to document activity unless the fuel tank is dedicated for the use of this single unit.	
Engine Type: <input type="checkbox"/> Main (Front) <b>-OR-</b> <input type="checkbox"/> Auxiliary (Rear) # <u>    </u> of <u>    </u>	
Fuel Type:	Baseline Engine Make:
Baseline Engine Model:	Baseline Engine Year:
Engine Serial No.:	Baseline Engine Horsepower:
Baseline Engine Tier:	Baseline Engine Family:
Annual activity in units of hour per year: _____ (hr/yr) Note: Annual gallons may not be used to document activity unless the fuel tank is dedicated for the use of this single unit.	
Engine Type: <input type="checkbox"/> Main (Front) <b>-OR-</b> <input type="checkbox"/> Auxiliary (Rear) # <u>    </u> of <u>    </u>	
Fuel Type:	Baseline Engine Make:
Baseline Engine Model:	Baseline Engine Year:
Engine Serial No.:	Baseline Engine Horsepower:
Baseline Engine Tier:	Baseline Engine Family:
Annual activity in units of hour per year: _____ (hr/yr) Note: Annual gallons may not be used to document activity unless the fuel tank is dedicated for the use of this single unit.	
Engine Type: <input type="checkbox"/> Main (Front) <b>-OR-</b> <input type="checkbox"/> Auxiliary (Rear) # <u>    </u> of <u>    </u>	
Fuel Type:	Baseline Engine Make:
Baseline Engine Model:	Baseline Engine Year:
Engine Serial No.:	Baseline Engine Horsepower:
Baseline Engine Tier:	Baseline Engine Family:
Annual activity in units of hour per year: _____ (hr/yr) Note: Annual gallons may not be used to document activity unless the fuel tank is dedicated for the use of this single unit.	



### **Part 3: Retrofit Information**

You **MUST** attach a copy of the CARB Executive Order for the retrofit device and indicate (circle) on the Executive Order Attachment the engine family name for the engine on which the device will be installed. Download the EO at: <http://www.arb.ca.gov/diesel/cv.htm>

**NOTE:** Off-road retrofits must include installation of the highest level CARB-verified retrofit device.

Engine Type: <input type="checkbox"/> Main (Front) -OR- <input type="checkbox"/> Auxiliary (Rear)		#	of
Retrofit Device Make:	Verified NOx Reduction:	%	
Retrofit Device Model:	Verified PM Reduction:	%	
Retrofit Family Name:	Verified ROG Reduction:	%	
Verification Level:	Retrofit Device Serial No.		
Engine Type: <input type="checkbox"/> Main (Front) -OR- <input type="checkbox"/> Auxiliary (Rear)		#	of
Retrofit Device Make:	Verified NOx Reduction:	%	
Retrofit Device Model:	Verified PM Reduction:	%	
Retrofit Family Name:	Verified ROG Reduction:	%	
Verification Level:	Retrofit Device Serial No.		
Engine Type: <input type="checkbox"/> Main (Front) -OR- <input type="checkbox"/> Auxiliary (Rear)		#	of
Retrofit Device Make:	Verified NOx Reduction:	%	
Retrofit Device Model:	Verified PM Reduction:	%	
Retrofit Family Name:	Verified ROG Reduction:	%	
Verification Level:	Retrofit Device Serial No.		
Engine Type: <input type="checkbox"/> Main (Front) -OR- <input type="checkbox"/> Auxiliary (Rear)		#	of
Retrofit Device Make:	Verified NOx Reduction:	%	
Retrofit Device Model:	Verified PM Reduction:	%	
Retrofit Family Name:	Verified ROG Reduction:	%	
Verification Level:	Retrofit Device Serial No.		



#### **Part 4: Funding/Cost Information for Engine Retrofit(s)**

You **MUST** attach a written estimate from the equipment vendor documenting the cost of the device; this quote must be obtained within 90 days prior to the closing date of the Program Announcement. The data-logging cost of a retrofit project cannot be included in the eligible project cost.

On which repowered engine will this device be installed? <input type="checkbox"/> Main (Front) # <u>    <b>of</b>    </u> <input type="checkbox"/> Auxiliary (Rear) # <u>    <b>of</b>    </u>
Retrofit Device Unit Cost: \$  Tax: \$  Installation Cost: \$  Maintenance Cost: \$ (if grant funding assistance is requested)  Total Retrofit Cost: \$
Retrofit Device Vendor and Installer:
Grant Request for Retrofit: \$

On which repowered engine will this device be installed? <input type="checkbox"/> Main (Front) # <u>    <b>of</b>    </u> <input type="checkbox"/> Auxiliary (Rear) # <u>    <b>of</b>    </u>
Retrofit Device Unit Cost: \$  Tax: \$  Installation Cost: \$  Maintenance Cost: \$ (if grant funding assistance is requested)  Total Retrofit Cost: \$
Retrofit Device Vendor and Installer:
Grant Request for Retrofit: \$



## FORM C-4: CARGO HANDLING EQUIPMENT ELECTRIFICATION

If you have any questions regarding this program or the application process, please contact **Greg Ushijima** by phone at **(909) 396-3301** or by e-mail at: [gushijima@aqmd.gov](mailto:gushijima@aqmd.gov).

Please complete one Form C-4 for each piece of equipment. For multiple unit requests, you may download the Form C-4 multiple-unit spreadsheet from [www.aqmd.gov/Moyer](http://www.aqmd.gov/Moyer) in lieu of filling out multiple C-4 forms.

Please Check One: ☐ Rubber-Tire Gantry Crane Electrification  
☐ Other Cargo Handling Equipment (CHE) Electrification

### Part 1: Existing Equipment Information

Company name/ Organization name/ Individual name:	
Is equipment currently subject to CARB's Cargo Handling Equipment regulation? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, attach evidence that your fleet is in full compliance of this regulation.	
If NO, and the applicant is not able to document that project equipment is not subject to the CARB regulation, then the project is ineligible.	
Baseline Equipment Identifier (Company ID or Unit #):	
What is the primary function of this equipment?	
Has this equipment received Carl Moyer Program funds in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the vehicle location address the same as the applicant address? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", please provide vehicle address here:	
Is existing equipment in operable condition?	
How long has applicant owned the existing piece of equipment?	
Baseline Equipment Type (e.g. yard trucks, top handlers, side handlers, reach stackers, forklifts, loaders, aerial lifts, excavators, dozers, etc.):	
Number of Main Engines on this Unit?	
Number of Auxiliary Engines on this Unit?	
Baseline Equipment Serial Number:	
Baseline Equipment Make & Model: Make:	Model:
Baseline Equipment Model Year:	
Does the existing equipment have a functioning, non- resettable hour meter?	
Proposed Project Life (same as contract term/how long you must operate equipment): _____ years	



**Part 2a: Existing (baseline) Engine Information (one section for each engine)**

Method proposed for rendering the baseline engine(s) inoperable:	
Engine Type: <input type="checkbox"/> Main (Front) <b>-OR-</b> <input type="checkbox"/> Auxiliary (Rear) # <u>    </u> of <u>    </u>	
Fuel Type:	Baseline Engine Make:
Baseline Engine Model:	Baseline Engine Year:
Engine Serial No.:	Baseline Engine Horsepower:
Baseline Engine Tier:	Baseline Engine Family:
Engine Type: <input type="checkbox"/> Main (Front) <b>-OR-</b> <input type="checkbox"/> Auxiliary (Rear) # <u>    </u> of <u>    </u>	
Fuel Type:	Baseline Engine Make:
Baseline Engine Model:	Baseline Engine Year:
Engine Serial No.:	Baseline Engine Horsepower:
Baseline Engine Tier:	Baseline Engine Family:
Engine Type: <input type="checkbox"/> Main (Front) <b>-OR-</b> <input type="checkbox"/> Auxiliary (Rear) # <u>    </u> of <u>    </u>	
Fuel Type:	Baseline Engine Make:
Baseline Engine Model:	Baseline Engine Year:
Engine Serial No.:	Baseline Engine Horsepower:
Baseline Engine Tier:	Baseline Engine Family:
Engine Type: <input type="checkbox"/> Main (Front) <b>-OR-</b> <input type="checkbox"/> Auxiliary (Rear) # <u>    </u> of <u>    </u>	
Fuel Type:	Baseline Engine Make:
Baseline Engine Model:	Baseline Engine Year:
Engine Serial No.:	Baseline Engine Horsepower:
Baseline Engine Tier:	Baseline Engine Family:

**Part 2b: Existing (baseline) Engine Activity Information**

Annual Operation Hours (hours/year):
Annual Fuel Usage (gallons per year):
Fuel Type:



### **Part 3: Project Description**

**Please provide a full description of the proposed project. Include specifications for the equipment electrification and associated infrastructure.**

(Attach additional sheets if more space is needed.)

### **Part 4: Electrification Vendor Information**

Equipment Vendor/Contractor Company:
Equipment Vendor/Contractor Contact Name:
Equipment Vendor/Contractor Phone Number:
Equipment Vendor/Contractor Email:

### **Part 5: Projected New Equipment Activity Information**

Estimated Future Annual Operation Hours (hours/year):
Annual Fuel Usage (gallons per year):
Fuel Type:



## **Part 6: Funding/Cost Information for this Electrification Project**

You **MUST** attach a written estimate from the equipment vendor/contractor documenting the cost of the device; this quote must be obtained within 90 days prior to the closing date of the Program Announcement. Quote must itemize material costs and labor costs separately and must provide explanatory details on each line item.

<b>Total Project Materials Cost (incl. tax): \$</b>
<b>Total Project Labor Cost: \$</b>
<b>Total Project Cost: \$</b>
Applicant Co-Funding Amount (if any): \$
Applicant Grant Request Amount: \$



## FORM D-1: MARINE VESSELS - REPOWER

If you have any questions regarding this program or the application process, please contact:

- Mark Coleman at (909) 396-3074 or [mcoleman@aqmd.gov](mailto:mcoleman@aqmd.gov)
- Von Loveland at (909) 396-3063 or [vloveland@aqmd.gov](mailto:vloveland@aqmd.gov)

Please complete one form for each marine vessel.

### **Part 1: Existing Equipment Information**

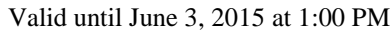
Company name/ Organization name:	
All Commercial Harbor Craft are currently subject to CARB's Commercial Harbor Craft regulation.  Attach a copy of your most recent CARB Commercial Harbor Craft Initial Report, and all updates.	
Vessel Name:	
Has this equipment received Carl Moyer Program funds in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Port/Harbor:	
Terminal:	Pier:
Vessel berth / slip number:	
Primary Vessel Use: (Commercial Fishing, Charter Fishing, Crew & Supply, Pilot, Work, Ferry/ Excursion, Tow, Tug, Barge, Other):	
Annual Hours of operation for Primary Vessel Use: _____ hr/yr	
Secondary Vessel Use (If Applicable):	
Annual Hours of operation for Secondary Vessel Use: _____ hr/yr	
Vessel Make:	
Vessel Model:	
Vessel Model Year:	
U.S. Coast Guard Documentation Number (IMO Lloyd's Number if oceangoing vessel, or CF# AND CA Department of Fish & Game license for fishing vessels manufactured out of the United States or less than five net tons displacement):	
Does the project vessel utilize a wet exhaust system: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Total Number of Main Engines on this Vessel?	
Total Number of Auxiliary Engines on this Vessel?	

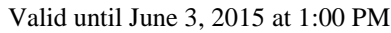


## **Part 2. Usage/Activity Information**

Provide projected annual usage for the vessel/engines over the proposed life of the project. This projection should be based on actual usage for the marine vessel. You **MUST** attach documentation supporting the projected annual usage and operation within District and California waters. Supporting hours of operation documentation may be in the form of maintenance records, hour-meter reports, logs, or other paperwork for each piece of baseline equipment covering at least the past 24 months.

The vessel is required to have a functioning non-resettable hour meter for the full project life. Initial here to indicate understanding of this requirement: _____
Project Life _____ years. Project Life is equivalent to the contract reporting term. (Project life may be adjusted by SCAQMD)
Number of Propulsion Engines to be repowered: _____
Number of Auxiliary Engines to be repowered: _____
For each Propulsion engine: Hours of Operation (per year, per engine): _____
For each Auxiliary engine: Hours of Operation (per year, per engine): _____
Percent of Operation within California waters: _____%
Percent of Operation within District waters: _____%
Justification for purchasing new transmission (if applicable):     
<u>Electronic Monitoring Unit</u> I understand that a new Electronic Monitoring Unity (EMU) will be installed as part of this Project. (This is a program requirement.) Initial: _____

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**Part 3. Engine Information, cont'd.**

<input type="checkbox"/> Main Engine ____ of ____		<input type="checkbox"/> Auxiliary Engine ____ of ____	
<b>Baseline (Existing) Engine Information</b>			
Fuel Type:		Engine Make:	
Engine Model:		Engine Year:	
Engine Serial No.:		Horsepower:	
Engine Displacement: ltr: ____ cyl: ____		Engine Family:	
Method proposed for rendering the replaced engine inoperable:			
<b>New Reduced-Emission Engine Information</b>			
Fuel Type:		Engine Make:	
Engine Model:		Engine Year:	
Engine Serial No.:		Horsepower:	
Engine Displacement: ltr: ____ cyl: ____		Engine Family:	
New Engine Cost (incl. tax): \$		New Eng. Installation/Labor Cost:\$	
<input type="checkbox"/> Main Engine ____ of ____		<input type="checkbox"/> Auxiliary Engine ____ of ____	
<b>Baseline (Existing) Engine Information</b>			
Fuel Type:		Engine Make:	
Engine Model:		Engine Year:	
Engine Serial No.:		Horsepower:	
Engine Displacement: ltr: ____ cyl: ____		Engine Family:	
Method proposed for rendering the replaced engine inoperable:			
<b>New Reduced-Emission Engine Information</b>			
Fuel Type:		Engine Make:	
Engine Model:		Engine Year:	
Engine Serial No.:		Horsepower:	
Engine Displacement: ltr: ____ cyl: ____		Engine Family:	
New Engine Cost (incl. tax): \$		New Eng. Installation/Labor Cost:\$	



#### **Part 4. Funding Information**

Total Project Cost of All New Engines (incl. tax and labor): \$

**NOTE:** You **MUST** attach a written estimate or quotation from the equipment vendor documenting the cost of the new equipment. This quote must be obtained within 90 days prior to the closing date of the Program Announcement. The quote must indicate the certification level of the new, replacement engine (i.e., Tier 3 or cleaner).

Applicant Co-Funding Amount (if any): \$

Total Funding Requested (all engines): \$

New Engine Vendor/Installer Contact Information:



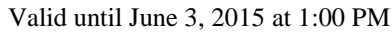
## FORM D-2: MARINE VESSELS – SHORE POWER

If you have any questions regarding this program or the application process, please contact **Greg Ushijima** by phone at **(909) 396-3301** or by e-mail at: [gushijima@aqmd.gov](mailto:gushijima@aqmd.gov).

Please complete one form for each Shore Power project.

### **Part 1. Project Information**

Company name/ Organization name/ Individual name:
Type of project (check all that apply): <input type="checkbox"/> Vessel retrofit to accept electrical power ( <i>“ship-side”</i> ) <input type="checkbox"/> Purchase of transformer and associated infrastructure ( <i>“shore-side”</i> )
Type of applicant: <input type="checkbox"/> Terminal Operator <input type="checkbox"/> Vessel Owner <input type="checkbox"/> Port Authority <input type="checkbox"/> Other
Other potential project partners (if applicable):
Power supplier:
Where does the electrical power infrastructure begin and end?
Project Location: (Please include port, terminal, pier and berthing slip) If you are leasing the terminal, identify time left on the current lease:
Total number of vessels expected to use shore power at this location (per year):
Total number of annual vessel visits expected to use shore power:
Total number of annual hours of usage for vessels expecting to use shore power:



If your vessel type is a refrigerated cargo ship, container-ship or passenger ship, please attach your Vessel Plan as required by the ARB shore power regulation:

Vessel Type:	
Vessel Name:	Vessel Make:
Vessel Model:	Vessel Year:
US Coast Guard Documentation Number:	
Lloyds Register/IMO Ship ID Number:	
Vehicle Registration (CF) Number:	
Total Number of main and auxiliary engines on vessel:	
Main engine(s)	Auxiliary engine(s)
Total number of annual visits to the terminal:	
Average berthing time (hours) of the vessel, per visit (include time needed to connect and disconnect the vessel to shore power):	
Vessel power (kW) requirements while at berth:	
Average Power Requirement:	
Maximum Power Requirement:	

### **Part 3. Current Berth Activity (Cumulative)**

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#### **Part 4. Predicted (Future) Berth Activity**

Estimated annual ship visits using electrical power:

2014-2016 \_\_\_\_\_

2017-2019 \_\_\_\_\_

2020 and beyond \_\_\_\_\_

Estimated monthly hours of operation:

2014-2016 \_\_\_\_\_

2017-2019 \_\_\_\_\_

2020 and beyond \_\_\_\_\_

Estimated monthly megawatt (MW) usage:

2014-2016 \_\_\_\_\_

2017-2019 \_\_\_\_\_

2020 and beyond \_\_\_\_\_

#### **Part 5: Vessel Activity Information**

Attach a detailed description of the vessels that will be using the shore power equipment. Title this attachment "Part 5 – Vessel Activity Information". This description should include:

- Vessel type
- Ship size (in 20-foot equivalent units (TEU) capacity)
- Number and type of engines
- Power demand (total auxiliary power (kW) – not hotelling load)
- This number of auxiliary engines typically operating while at berth per vessel
- Number of annual visits
- Average berthing time (hours) of the vessel, per visit (include time needed to connect and disconnect the vessel to shore power). Be sure to consider the maximum time the auxiliary engines are in use.



## **Part 6: Funding Information**

You **MUST** attach a written estimate or quotation from the equipment vendor documenting the cost of the new equipment and associated labor. This quote must be obtained within 90 days prior to the closing date of the Program Announcement.

Transformer Project Cost: \$	Associated Infrastructure: \$
Retrofit Equip. Cost (incl. tax): \$	Retrofit Equip. Installation Cost: \$
<b>Total Project Cost:</b>	
<b>Total Amount Requested for this Project:</b> You <b><u>MUST</u></b> attach a detailed written estimate/quote from the equipment vendor for the cost of the equipment and labor.	
<input type="checkbox"/> Maximum allowable	Shore Power Transformer (“shore-side”): <b>50% of transformer &amp; other equipment between the vessel and transformer</b>  Shore Power Vessel Retrofit (“ship-side”): <b>100% of retrofit cost &amp; 50% of transformer cost</b>
<input type="checkbox"/> Other: \$	You may request less than the maximum allowable funding amount to improve cost-effectiveness of your project.
Anticipated Project Completion Date: <b>Please attach a proposed project schedule. Title this attachment “Part 8 – Project Schedule.”</b>	



## FORM E-1: LOCOMOTIVES

If you have any questions regarding this program or the application process, please contact **Connie Day** by phone at **(909) 396-3055** or by e-mail at: [cday@aqmd.gov](mailto:cday@aqmd.gov).

Please complete one Form E-1 for each piece of equipment. For multiple unit requests, you may download the Form E-1 multiple-unit spreadsheet from [www.aqmd.gov/Moyer](http://www.aqmd.gov/Moyer) in lieu of filling out multiple E-1 forms.

Which type of locomotive project is proposed with this application? (Check one)

- ☐ Locomotive Replacement (includes Tier 4 locomotives (or cleaner), GenSet locomotives (multi-engine switcher) and electric-hybrid locomotives. U.S.EPA considers a refurbished locomotive a new locomotive if it includes at least 75 % (by value) new parts.
- ☐ Idle limiting device (ILD)
- ☐ U.S. EPA certified engine remanufacture kit or repower/refurbishment
- ☐ ARB verified retrofit
- ☐ Head end power unit (HEP)

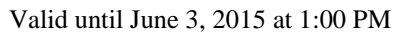
### **Part 1: Locomotive Information**

Locomotive Type (Line Haul, Traditional Switcher, Alternative Technology Switcher, Passenger):	
Railroad Class:	
Proposed Project Life (same as contract term/how long you must operate equipment): _____ <b>years</b>	
Percent Operation in California (%): _____ Percent Operation in District (%): _____	
Has this equipment received previous CMP Funding? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Unit Number or Other Identifier:	Equipment Location Address:
Locomotive Make:	Locomotive Serial Number:
Locomotive Model:	Locomotive Model Year:
Does the locomotive already have a functioning idle limit device (ILD) installed? <input type="checkbox"/> Yes <input type="checkbox"/> No	



**Part 2: Existing (Baseline) Engine(s) Information**

Engine Type: <input type="checkbox"/> MAIN <b>-OR-</b> <input type="checkbox"/> AUXILIARY		# <u>    </u> of <u>    </u>
Fuel Type:	Baseline Engine Make:	
Baseline Engine Model:	Baseline Engine Year:	
Engine Serial No.:	Baseline Engine Horsepower:	
Baseline Engine Tier:	Baseline Engine Family:	
US EPA Certificate of Conformity No: (attached)	CARB Executive Order No: (attached)	
<hr/>		
Engine Type: <input type="checkbox"/> MAIN <b>-OR-</b> <input type="checkbox"/> AUXILIARY		# <u>    </u> of <u>    </u>
Fuel Type:	Baseline Engine Make:	
Baseline Engine Model:	Baseline Engine Year:	
Engine Serial No.:	Baseline Engine Horsepower:	
Baseline Engine Tier:	Baseline Engine Family:	
US EPA Certificate of Conformity No: (attached)	CARB Executive Order No: (attached)	
<hr/>		
Engine Type: <input type="checkbox"/> MAIN <b>-OR-</b> <input type="checkbox"/> AUXILIARY		# <u>    </u> of <u>    </u>
Fuel Type:	Baseline Engine Make:	
Baseline Engine Model:	Baseline Engine Year:	
Engine Serial No.:	Baseline Engine Horsepower:	
Baseline Engine Tier:	Baseline Engine Family:	
US EPA Certificate of Conformity No: (attached)	CARB Executive Order No: (attached)	
<hr/>		
Engine Type: <input type="checkbox"/> MAIN <b>-OR-</b> <input type="checkbox"/> AUXILIARY		# <u>    </u> of <u>    </u>
Fuel Type:	Baseline Engine Make:	
Baseline Engine Model:	Baseline Engine Year:	
Engine Serial No.:	Baseline Engine Horsepower:	
Baseline Engine Tier:	Baseline Engine Family:	
US EPA Certificate of Conformity No: (attached)	CARB Executive Order No: (attached)	



**Complete each section(s) below that pertains to your Locomotive project type:**

Locomotive Type: <input type="checkbox"/> Tier 4 locomotive (or cleaner) <input type="checkbox"/> GenSet locomotive (multi-engine switcher) <input type="checkbox"/> Electric-hybrid locomotive	
NOTE: A refurbished locomotive is considered to be a new locomotive if it includes at least 75 percent (by value) new parts.	
Locomotive Serial Number (If available):	
Locomotive Make:	
Locomotive Model:	
Locomotive Model Year:	
Will the locomotive have a functioning idle limit device (ILD) installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part 5: New/Replacement Engine(s) Information**

Engine Type: <input type="checkbox"/> MAIN <b>-OR-</b> <input type="checkbox"/> AUXILIARY		# <u>    </u> of <u>    </u>
Fuel Type:	Baseline Engine Make:	
Baseline Engine Model:	Baseline Engine Year:	
Engine Serial No.:	Baseline Engine Horsepower:	
Baseline Engine Tier:	Baseline Engine Family:	
US EPA Certificate of Conformity No: (attached)	CARB Executive Order No: (attached)	
US EPA Certified Emissions (g/bhp-hr):    NOx: _____    HC: _____    PM: _____		
<hr/>		
Engine Type: <input type="checkbox"/> MAIN <b>-OR-</b> <input type="checkbox"/> AUXILIARY		# <u>    </u> of <u>    </u>
Fuel Type:	Baseline Engine Make:	
Baseline Engine Model:	Baseline Engine Year:	
Engine Serial No.:	Baseline Engine Horsepower:	
Baseline Engine Tier:	Baseline Engine Family:	
US EPA Certificate of Conformity No: (attached)	CARB Executive Order No: (attached)	
US EPA Certified Emissions (g/bhp-hr):    NOx: _____    HC: _____    PM: _____		
<hr/>		
Engine Type: <input type="checkbox"/> MAIN <b>-OR-</b> <input type="checkbox"/> AUXILIARY		# <u>    </u> of <u>    </u>
Fuel Type:	Baseline Engine Make:	
Baseline Engine Model:	Baseline Engine Year:	
Engine Serial No.:	Baseline Engine Horsepower:	
Baseline Engine Tier:	Baseline Engine Family:	
US EPA Certificate of Conformity No: (attached)	CARB Executive Order No: (attached)	
US EPA Certified Emissions (g/bhp-hr):    NOx: _____    HC: _____    PM: _____		
<hr/>		
Engine Type: <input type="checkbox"/> MAIN <b>-OR-</b> <input type="checkbox"/> AUXILIARY		# <u>    </u> of <u>    </u>
Fuel Type:	Baseline Engine Make:	
Baseline Engine Model:	Baseline Engine Year:	
Engine Serial No.:	Baseline Engine Horsepower:	
Baseline Engine Tier:	Baseline Engine Family:	
US EPA Certificate of Conformity No: (attached)	CARB Executive Order No: (attached)	
US EPA Certified Emissions (g/bhp-hr):    NOx: _____    HC: _____    PM: _____		



### **Part 6: Future/Projected Locomotive Activity Information**

Annual Fuel Usage (gallons per year): \_\_\_\_\_

Contact the SCAQMD Staff Lead to discuss your project and appropriate assumptions for this projection.

### **Part 7: Engine and/or Locomotive Cost**

All cost estimates must be based on quotes that have been obtained within 90 days prior to the closing date of the Program Application. Attach all quotes to the application.

New Locomotive Cost: \$	
Engine Unit Cost: \$	
Tax: \$	
Engine Installation Cost: \$	
Total Project Cost: \$	
Project Grant Request: \$	

### **Part 8: Additional Project Information**

**Please provide a full description of the proposed project. Include an explanation of any project elements that are not adequately covered in the above Parts.**

(Attach additional sheets if more space is needed.)